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ABSTRACT

This report discusses the activities and outcomes of a project designed to expand inclusive child care options for families of young children with disabilities through replication of the SpecialCare model of training, while developing linkages for collaboration through interagency planning groups with priority given to empowerment zone or enterprise communities. The SpecialCare model of training builds on traditional caregiving roles and skills, expanding caregivers' knowledge and level of comfort so that caregivers are willing and able to extend their traditional roles to care for children with disabilities. Training provides information on inclusive child care, getting to know children with disabilities, building relationships with families, including young children with disabilities in daily activities, community services for young children with disabilities, and preparing for the child's arrival. During the past four years, SpecialCare Outreach provided training to 1,235 caregivers and helped 23 sites replicate the SpecialCare model. Evaluation data indicate that SpecialCare training increased caregivers' knowledge and level of comfort, so that caregivers were willing and able to extend their traditional roles to care for children with disabilities. The report discusses the goals of the project, theoretical framework, problems encountered, impact, and future activities. Appendixes include a curriculum outline and training materials. (CR)

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SpecialCare Outreach: A Project Designed to Expand Child Care Options for Children with Disabilities

FINAL REPORT

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II. ABSTRACT

SpecialCare Outreach:
Increasing Inclusive Child Care Options

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SpecialCare Outreach is a program of Child Development Resources, Inc. (CDR), a nationally-recognized private, nonprofit agency located in Norge, Virginia. CDR provides services for young children and their families in the community and training for early childhood professionals throughout the nation.

The SpecialCare Outreach project was designed to expand inclusive child care options for families of young children with disabilities through replication of the SpecialCare model of training, while developing linkages for collaboration through interagency planning groups with priority given to empowerment zone or enterprise communities. The SpecialCare model of training builds on traditional caregiving roles and skills, expanding caregivers' knowledge and level of comfort so that caregivers are willing and able to extend their traditional roles to care for children with disabilities. Training provides information on inclusive child care, getting to know children with disabilities, building relationships with families, including young children with disabilities in daily activities, community services for young children with disabilities, and preparing for the child's arrival.

SpecialCare training teaches caregivers how to seek consultation and assistance when needed from parents and, with parent permission, from early intervention and early childhood special education personnel to support successful placement of children with disabilities in inclusive child care settings. SpecialCare Outreach was designed to increase the availability of child care for children with disabilities both as a family support service and as an option for natural and inclusive placements within the context of the Individualized Family Service Plan or Individualized Education Program.

During the past four years, SpecialCare Outreach provided training to 1,235 caregivers and helped 23 sites in five states and the District of Columbia, including seven empowerment zones or enterprise communities, replicate the SpecialCare model. Project staff worked with local interagency groups that included representatives from families, early intervention, early childhood special education, child care, and other related agencies. At each replication site, local trainers became familiar with both the content and process of SpecialCare training so they could conduct training in their own communities, supported by the *SpecialCare Curriculum and Trainer's Manual*, the *SpecialCare Curriculum and Trainer's Manual Planning Guide*, and technical assistance from the project. The curriculum and planning guide contain a trainer's manual with trainer's notes on the content and methods for providing training, handouts for participants, suggested trainer's aids such as flip charts and overheads, instructions for preparing for and implementing the training, as well as additional resources. The SpecialCare curriculum and supporting materials are also disseminated nationally as a project product, targeting agencies responsible for training child care providers.

Evaluation data on training of 3,368 caregivers since 1990 clearly show that SpecialCare training increases caregivers' knowledge and level of comfort, so that caregivers are willing and able to extend their traditional roles to care for children with disabilities. A total of 1,455 persons participated in SpecialCare Outreach between 1996-2000: 1,235 caregivers, 190 replication trainers, and 30 community supporters. Evaluation data also clearly indicate that replication trainers achieve similar results as SpecialCare project staff when providing training to caregivers. Evaluation of the replication process, the trainer's manual, and the planning guide (see Section VIII, Evaluation), indicate that all were helpful in preparing trainers to replicate the SpecialCare model of training. These data, together with data from the caregivers trained by replication sites, indicating an increase in both knowledge and comfort, demonstrate that SpecialCare Outreach is a powerful tool for expanding child care options for families of children with disabilities. Information about SpecialCare Outreach is available from Sheri Osborne at Child Development Resources (757)566-3300.

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IV. SPECIALCARE GOALS AND OBJECTIVES

GOAL 1: To coordinate project activities with state agencies and organizations responsible for planning, implementing, and monitoring early intervention and early childhood services.

OBJECTIVES

1.1 To establish and/or continue working relationships with state Part C, SEA, child care licensing and other state agencies and organizations.
1.2 To determine state willingness and/or ability to participate in cost sharing for replication activities.
1.3 To get input from appropriate state personnel in site selection.
1.4 To enlist help from state agencies in disseminating project information.
1.5 To work with the national early childhood technical assistance center to identify other states interested in replicating the SpecialCare model.

GOAL 2: To replicate, in coordination with local interagency coordinating councils (ICCs) or other similar coalitions, the SpecialCare model of training for child care providers.

OBJECTIVES

2.1 To identify and select replication sites.
2.2 To develop individualized replication plans with each site.
2.3 To prepare co-trainers and replication trainers for SpecialCare training.
2.4 To conduct SpecialCare training.
2.5 To provide replication trainers with the SpecialCare Curriculum and Trainer's Manual.
2.6 To provide follow-up consultation and technical assistance as needed.
2.7 To develop a Planning Guide and disseminate to replication trainers and other SpecialCare Curriculum and Training Manual users.
2.8 To evaluate replication process.

GOAL 3: **To foster linkages among child care providers, families, and early intervention and early childhood special education services to support successful placement of children with disabilities in inclusive child care settings.**

OBJECTIVES

3.1 To ensure that caregivers will be given information about early intervention and early childhood special education services as part of SpecialCare training.

3.2 To ensure that early intervention/early childhood special education providers have information about trained caregivers.

3.3 To establish procedures with replication sites for informing families about caregivers who have been trained.

3.4 To encourage collaboration between early intervention/early childhood special education providers and the child care community to foster inclusive placements and supportive services.

GOAL 4: **To ensure that SpecialCare Outreach is responsive to the needs of both families and caregivers by involving them in project activities.**

OBJECTIVES

4.1 To provide families with a variety of options for participation in project activities.

4.2 To determine the nature and extent of desired parent participation in project activities.

4.3 To establish an advisory committee of parents and caregivers.

4.4 To disseminate information about the project, services, and products to family organizations and networks.

V. THEORETICAL FRAMEWORK FOR PROJECT APPROACH

Over the last 25 years, increasing numbers of parents of children with disabilities are, or need to be, in the work force and regulations regarding services for young children with disabilities increasingly require placement in natural environments. According to the U.S. Department of Labor, 58% of mothers with children under six are working, mostly full time. Among employed mothers with children under five, 28% placed their children in child care centers and a third used family day care homes (New York Times, February 7, 1995).

For families of children with disabilities, finding adequate child care is a difficult, if not impossible, task. In fact, lack of adequate child care has forced some parents to leave the workforce, thereby reducing the income of families who may already have extra financial responsibilities associated with their children's disabilities (Ott-Worrow & Baldassano, 1991).

The Americans with Disabilities Act (ADA), P.L. 101-336, entitles children with disabilities to the same right to services and facilities, including child care settings, that all children have. Although child care providers are required to take "readily achievable" steps to accommodate children with disabilities, many child care providers still refuse to accept children with disabilities. In a national study (Willer, et al., 1990), only half of all centers reported that they would accept children with disabilities and 18% reported that they make decisions on a case-by-case basis. Fewer than 40% of regulated and 25% of nonregulated family day care providers reported that they accept or would accept children with diagnosed handicaps.

Even when preschool and child care programs accept children with disabilities, the most frequently reported diagnostic categories were speech/language impairment, developmental delay, and behavioral disorders (Wolery, 1993), indicating that children with severe disabilities continue to be excluded from natural and inclusive environments and that their families face

increased financial and social barriers.

According to Suzanne Ripley, deputy director of the National Information Center for Children and Youth with Disabilities (NICHCY), "a 'vast gulf' sometimes exists between the laws designed to ensure that children with disabilities have access to child care" and families who can actually find willing and trustworthy caregivers for their children (Ott-Worrow & Baldassano, 1991, p. 10). Stipulations in insurance policies and inaccessibility of facilities are cited by some child care providers as deterrents for caring for children with disabilities. However, it is the lack of staff training that creates one of the largest obstacles to the availability of child care for families of children with disabilities (Green & Widoff, 1990; Baglin, 1992).

While there is much evidence that child care providers need training in order to work with young children with disabilities (Daniel, 1990; Benham, et al., 1988), many child care providers have not received that training and lack the skills needed to meet children's special needs. Without prepared staff, services provided in integrated settings are likely to be poor, resulting in poor outcomes and ultimately in less integration of children with disabilities (Strain, 1988).

As states have implemented Parts B and C (the sections which pertain to SpecialCare's targeted age population) of the Individuals with Disabilities Education Act (IDEA), a cadre of trained child care providers has become an essential but frequently missing ingredient in the successful placement of children in integrated and natural settings. In addition, early intervention and early childhood special education service providers must develop collaborative processes to ensure successful placement of children in inclusive settings (Salisbury & Vincent, 1990; Odom & McEvoy, 1990).

Unfortunately, while traditional training for caregivers has focused on skill development, curriculum, and strategies for group activities, the most significant issues related to caring for young children with disabilities are those of attitudes, beliefs, values, and the affective development of teachers (Volk & Stahlman, 1994; Greenman, 1994; Rose & Smith, 1993; Meyerhoff, 1992; Pawl, 1990). Responding to a national survey of special education program and policy officials; program directors of child care, Head Start, and special education services; and parents concerning barriers, including policy, attitudes, curricula, and methods, nearly 60% of survey respondents cited attitudes as a barrier to preschool mainstreaming (Rose & Smith, 1993).

To facilitate successful inclusion of children with disabilities into community programs, two major elements are essential: affordable, quality training for caregivers and collaboration among early intervention/ early childhood special education personnel, families, and child care providers. Emphasis must be placed on staff training, consultation, and support to the provider and on interagency collaboration among personnel serving the child and family (McLean and Hanline, 1990; Odom and McEvoy, 1990). Support from early intervention and special education personnel is essential if caregivers are to develop attitudes and competencies necessary for successful integration (Hanline, 1990).

Thus, the literature suggests that two factors combine to make training of child care personnel a critical element in the successful implementation of IDEA:

- Increasing numbers of children with disabilities whose parents are, or need to be, in the work force require the availability of appropriate child care as a part of the support system needed by families.
- Child care settings play an increasingly prominent role in the IFSP and IEP as the natural or least restrictive environment in which early intervention or early childhood special education services are provided.

The literature also identifies three major problems that stand in the way of making quality, available care a reality for many families and their children:

- Child care providers lack the training needed to be both willing and able to care for children with disabilities (McLean & Hanline, 1990; Ott-Worrow & Baldassano, 1991).
- Traditional training has focused on curriculum and skills while caregiver attitudes present the major barrier to inclusive child care (Rose & Smith, 1993).
- Early intervention and early childhood special education service providers must develop collaborative processes to ensure successful placement of children in inclusive settings (Salisbury & Vincent, 1990; Odom & McEvoy, 1990).

To address these problems, SpecialCare Outreach was designed to expand inclusive child care options for families of young children with disabilities through replication of a proven model of training that increases caregivers' knowledge and level of comfort, combined with planning and technical assistance that are designed to increase community collaboration.

In order to have the greatest impact, SpecialCare Outreach activities were planned in conjunction with local interagency coordinating councils, community planning groups, or local educational agencies having responsibility for the design of local early intervention and preschool special education systems, and related services, for children with disabilities from birth to five years of age. The model design formed linkages between caregivers and early intervention/early childhood special education providers during planning and training and afterward through technical assistance. Technical assistance to replication sites included the review and selection of strategies to ensure that families are linked with trained caregivers.

SpecialCare has strong evidence of the impact of the model in increasing the knowledge and comfort of both home- and center-based child care providers in caring for children with disabilities (see Section VIII, Evaluation).

VI. PROJECT DESCRIPTION

A. Description of the Model

SpecialCare Outreach was designed to expand inclusive child care options for children with disabilities from birth through age five by replicating a proven model of training which increases caregivers' knowledge and comfort in caring for children with disabilities while developing linkages for collaboration through interagency planning groups. The project addressed the need for child care and inclusive early childhood programs both as a family support service and as an option for natural and inclusive placements within the context of the child's Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP). Child care and other inclusive options included center-based and family child care, Head Start, Early Head Start, and private nursery and day schools.

The SpecialCare model of training was developed and field-tested between 1990-1993 in a three-city, four-county area of eastern Virginia. The area has a mixture of urban and suburban settings. It includes the rural northern portion of the eastern shore of Virginia that has very limited resources for both child care and training.

SpecialCare training was designed to build on traditional caregiving roles and skills, expanding caregivers' knowledge and level of comfort so that caregivers are willing and able to extend their traditional roles to care for children with disabilities. It is not reasonable or even desirable to expect child care providers to become special education teachers or therapists. However, caregivers can learn how to extend their caregiving skills to meet the needs of children with disabilities. SpecialCare's curriculum provides an introduction to the benefits of inclusive child care and each of the six units builds on traditional caregiver roles and skills and extends these roles to caring for children with special needs. Evaluation data on 3,368 caregivers since

1990 clearly indicate that caregivers' knowledge and comfort increased significantly as a result of the training (see section VIII, Evaluation).

Each unit in the SpecialCare curriculum has a complete set of learning objectives. The curriculum uses a variety of learning experiences and methodology including lecture, video, written materials, and interactive experiences (See Appendix A for a complete list of curriculum segments and learning objectives). Each participant in SpecialCare training received a notebook including training materials, reading material, supplementary reading, and references. The notebook served as a reference during training and as a resource after training (See Appendix B, Sample Training Materials). In addition, Special Care taught caregivers how to seek consultation and assistance when needed from parents, and with parent permission, from early intervention/early childhood special education personnel.

The original SpecialCare model and the SpecialCare Outreach project were designed with considerable input from a wide variety of families who served on the advisory committee of the model project and who participated in model design and refinement, along with other families who assisted in outreach design. The outreach project invited broad family participation in outreach activities and, at the same time, respected each family's right to determine the extent to which they wished to be involved. Site selection criteria required the participation of families on the interagency planning group at the replication site so that each community-based replication would reflect family preferences and priorities. Project staff included family training consultants who have experience as parents of children with disabilities.

SpecialCare Outreach fostered collaboration between child care providers and early intervention and early childhood special education personnel. Local interagency planning groups comprised of representatives from families, early intervention, early childhood special education, and child care participated at each replication site to plan for SpecialCare training by SpecialCare project staff and for replication of the model.

To ensure that training of caregivers resulted in expanded options for families, procedures were developed for linking families with trained caregivers. Families received information through periodic mailing of rosters, through parent networks, and through agencies that provided services to families of children with disabilities. Families on the local interagency planning groups provided valuable assistance in designing these strategies.

During the past four years, SpecialCare Outreach provided training to 1,235 caregivers and helped 23 sites in five states and the District of Columbia, including seven empowerment zones or enterprise communities, replicate the SpecialCare model of training. Project staff worked with local interagency groups that included families, representatives from early intervention, early childhood special education, child care, and other related agencies. At each replication site, local trainers became familiar with both the content and process of SpecialCare training so they could conduct training in their own communities supported by the *SpecialCare Curriculum and Trainer's Manual*, the *SpecialCare Curriculum and Trainer's Manual Planning Guide*, and technical assistance from the project.

B. Description of Replication Sites

SpecialCare Outreach used a well-developed set of criteria for the selection of sites to replicate the SpecialCare model. These criteria were based on the assumption that in order to make a substantive impact on community systems providing early intervention and early childhood special education services in natural and inclusive environments, several key stakeholders must be represented. These stakeholders included at a minimum: families of children with disabilities, local or state Part C providers or systems planners, local or state educational agencies, and child care providers or planners.

Project staff responded to contacts regarding project services and products from personnel in 35 states, the **District of Columbia** and two countries. The states and countries include **Alabama**, Alaska, California, Colorado, Delaware, Florida, Georgia, Hawaii, Illinois,

Indiana, **Kansas**, Kentucky, **Louisiana**, Maine, Michigan, Mississippi, Missouri, Nebraska, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, **Texas**, Utah, Vermont, Virginia, Washington, **Wisconsin**, Canada, and South Korea. Twenty-three sites in five of the states (highlighted in bold) and the District of Columbia replicated the SpecialCare model. Empowerment zones and enterprise communities were identified in Alabama, the District of Columbia, Kansas, and Texas.

For each request, project staff evaluated site potential and chose those best suited for replication activities using the criteria in Figure A: SpecialCare Site Selection Criteria.

FIGURE A – SpecialCare Site Selection Criteria

- Support for replication by state Part C lead agency and/or State Educational Agency (SEA)
- Request from local Part C, child care, family member, and/or LEA representative or already established interagency collaborative group
- Interagency commitment to participate in replication planning, training, and logistical support
- LEA and Part C representatives willing to participate in training
- Identification of at least one local replication trainer
- Agencies' policies guarantee equal access to services and in employment
- Agencies' policies comply with state and federal regulations related to services for children birth through five with disabilities and their families

Priority was given to geographic areas with enterprise communities or empowerment zones. Only communities with interagency commitment and representation of key stakeholders were selected as sites. In some cases, other stakeholders were identified by sites to participate for additional community support.

In Alabama, urban and rural enterprise communities identified were Chambers, Greene, and Sumter counties and the city of Birmingham. The District of Columbia is an urban enterprise community. Kansas City is identified as an urban enhanced enterprise community. In Texas, El Paso is an urban enterprise community.

A wide variety of organizations, agencies, and individuals participated in SpecialCare Outreach. Rural, urban, and suburban regions were all represented. Participants represented private nonprofit, as well as federal, state, and local agencies for early intervention, early childhood special education, child care resource and referral; Head Start and Early Head Start providers and planners; early intervention programs; early childhood special education programs; community colleges or universities; university affiliated programs; family networks or groups; and other related community groups. At many replication sites, key stakeholders were already participating in services for children with disabilities and their families through local interagency coordinating councils or community planning for inclusive child care.

Replication trainers included family members and individuals from early intervention, early childhood special education, administration, and home- and center-based child care. Specific information about each site, including agencies involved, training participants, planning meeting dates, training dates, and replication trainers is listed in SpecialCare Outreach Site Information (see Figure B, on pages 19a-f).

Replication of the model was conducted with a total of 23 sites in five states and the District of Columbia (see Figure C, SpecialCare Outreach States and Sites, below), where a total of 1,455 people participated in SpecialCare training and replication. States, cities or regions, and numbers of sites include:

FIGURE C – SpecialCare Outreach States and Sites

Alabama (statewide) **(12)**	**District of Columbia (1)** (district wide)	**Kansas** (statewide) **(2)**
Baton Rouge, **Louisiana (1)**	Lake Charles, **Louisiana (1)**	Shreveport, **Louisiana (1)**
Alice, **Texas (1)**	Dallas, **Texas (1)**	El Paso, **Texas (1)**
Odessa, **Texas (1)**	Madison, **Wisconsin (1)**	

SpecialCare Outreach sites have implemented the replication process in various ways. Some examples follow:

- **Alabama** formed a planning group of 50 members initiated by the Alabama Division of Early Intervention, Alabama Office of Preschool Special Education, and Alabama Office of Day Care. These three agencies had not previously collaborated at the state level for this type of venture. Twelve Child Management Agencies (CMAs) spearheaded the SpecialCare training endeavor through their responsibility for training and technical assistance to all licensed child care providers throughout the state.

- In the **District of Columbia**, replication expenses were provided by the Kennedy Institute and the Kids, Infants, and Parents Program (KIPP) at the Hospital for Sick Children as part of a joint Support for Inclusion grant funded through the District of Columbia Early Intervention Program. These two agencies helped to form an Interagency Council on Inclusion that continues to meet to collaborate on various topics and issues regarding inclusive placements and supportive services.

- **Kansas** began by linking the Kansas Department of Health and Environment, the Kansas Department of Social and Rehabilitation Services, and Kansas Child Care Training Opportunities (KCCTO). KCCTO had been charged with adapting an existing curriculum to help child care providers working with young children advance to more inclusive child care settings. They collaborated with SpecialCare staff to make curriculum revisions that included anecdotes about children with disabilities and their families in Kansas. KCCTO further personalized their training by including specific information for caregivers about children with chronic health conditions, medically fragile diagnoses, and severe disabilities.

- In **Louisiana**, travel costs for the SpecialCare staff were supported by the Region II (Baton Rouge), Region V (Lake Charles), and Region VII (Shreveport) Preschool and Infant Toddler Projects. Agencies from local interagency planning groups in Baton Rouge, Lake Charles, and Shreveport collaborated to cover training day expenses and provide meeting space.

- The **Texas** Interagency Council on Early Childhood Intervention (ECI) supported SpecialCare travel costs at the state level but implemented training through local and regional sites at the community level. In Alice, Dallas, El Paso, and Odessa, the SpecialCare replication process strengthened collaboration that had begun between the early intervention programs and the child care management system (CCMS).

- The Mobilizing Partners for Inclusive Child Care project, located in Madison, supported training costs for SpecialCare replication activities in conjunction with the state Birth-3 Program, **Wisconsin** Department of Health and Family Services. Five Wisconsin counties participated together as a regional interagency planning group to replicate SpecialCare training.

C. Dissemination Activities

A variety of strategies were used to disseminate project information and resources. Information about the SpecialCare model on which outreach is based and current outreach services was disseminated through **NECTAS** in the following ways:

- Included in NECTAS Outreach Project Information 1996, 1997, 1998, 1999;

- Distributed at NECTAS/OSEP Project Director's Meetings 1996-1999;

Statewide dissemination activities included distributing information and materials through presentations at the following state conferences and meetings:

- "Building a Stronger Foundation: Expanding Inclusive Child Care Options for Young Children with Disabilities" at the 42nd annual Virginia Association for the Education of Young Children Conference in Arlington, Virginia, March 1998;

- "SpecialCare: A Model of Training for Including Children with Disabilities in Child Care Settings" at the annual Early Childhood Statewide Conference sponsored by the Texas Interagency Council on Early Childhood Intervention in Austin, Texas, May 1998;

- "Together We Can Include All Children" at the 43rd annual Virginia Association for the Education of Young Children Conference in Roanoke, Virginia, March 1999; and

- "Building Partnerships to Include All Children" at the annual Early Childhood Statewide Conference sponsored by the Texas Interagency Council on Early Childhood Intervention in Austin, Texas, May 1999.

SpecialCare Outreach activities were highlighted in articles including the following newsletters and conference proceedings with national dissemination:

- Child Development Resources, Open Lines, Fall 1996; Spring and Fall 1997; Spring and Fall 1998; Spring 1999; and

- "Fostering Linkages for Successful Inclusive Child Care through Collaborative In-Service Training", article in conference proceedings of the annual CSPD Conference on Leadership and Change sponsored by the National Association of State Directors of Special Education and the Office of Special Education Programs, US Department of Education, in Washington, DC, May 1999.

Other national dissemination strategies included providing SpecialCare information through distribution of materials and presentations at the following national conferences:

1996

- One-page announcement about SpecialCare Outreach distributed in the registration packets at the annual International Conference of the Division for Early Childhood/Council for Exceptional Children in Phoenix, Arizona, December;

- One-page announcement about SpecialCare Outreach distributed at the annual Conference of Zero to Three in Washington, DC, December;

1997

- One-page announcement about SpecialCare Outreach distributed at the 12th annual Early Intervention/Early Childhood Summer Institute sponsored by Child Development Resources and the College of William and Mary in Williamsburg, Virginia, July;

- "Building a Community for ALL Children - Including Children with Severe Disabilities in Child Care," presentation at the national conference of the Association for Persons with Severe Handicaps in Boston, Massachusetts, December;

- One-page announcement about SpecialCare Outreach distributed at the annual Conference of Zero to Three in Nashville, Tennessee, December;

1998

- "Fostering Collaboration and Linkages for Successful Inclusive Child Care", presentation at the annual Project Director's Meeting sponsored by NECTAS and OSEP in Washington, DC, February;

- SpecialCare Outreach hosted a local downlink site in conjunction with the Region III Disabilities Services Quality Improvement Center, inviting child care providers, families, local and state early intervention representatives, local and state early childhood special education representatives, and community groups for the National Video Teleconference, "Natural Environments: Linking to the Community", sponsored by NECTAS in Hampton, Virginia, May;

- "All Kids Like Cookies: Helping Caregivers Care for Young Children with Disabilities in Inclusive Child Care Settings" presentation at the annual Early Childhood Professional Development Conference sponsored by the National Association for the Education of Young Children in Miami, Florida, June;

- One-page announcement about SpecialCare Outreach distributed at the 13th annual Early Intervention/Early Childhood Summer Institute: "Caring for Children, Families, and You", sponsored by Child Development Resources and the College of William and Mary in Williamsburg, Virginia, August;

- "SpecialCare: A Model of Training for Including Children with Disabilities in Child Care Settings" presentation at the annual National Black Child Development Institute in Chicago, Illinois, October;

- SpecialCare Outreach hosted a local downlink site in conjunction with the Region III Disabilities Services Quality Improvement Center, inviting child care providers, families, local and state early intervention representatives, local and state early childhood special education representatives, and community groups for the NECTAS National Video Teleconference, "Natural Environments Part 2: Implementation in the Community", in Hampton, Virginia, November;

- "Fostering Linkages for Successful Inclusive Child Care" poster session at the annual International Conference of the Division for Early Childhood/Council for Exceptional Children in Chicago, Illinois, December;

- One-page announcement about SpecialCare Outreach distributed at the annual Conference of Zero to Three in Washington, DC, December;

1999

- "Fostering Linkages for Successful Inclusive Child Care through Collaborative In-Service Training" presentation and published monograph article at the annual CSPD Conference on Leadership and Change sponsored by the National Association of State Directors of Special Education and the Office of Special Education Programs, US Department of Education in Washington, DC, May.

- One-page announcement about SpecialCare Outreach distributed at the 14th annual Early Intervention/Early Childhood Summer Institute, sponsored by Child Development Resources and the College of William and Mary in Williamsburg, Virginia, August;

Each summer, over 450 copies of the SpecialCare newsletter (see Appendix C) were mailed to Part C and 619 coordinators, child care licensing directors, state Interagency Coordinating Council chairs, and parent information centers in each state, Head Start Disabilities Services Quality Improvement Centers in each region, and national early childhood, special education, and parent organizations.

D. Training and Technical Assistance Activities

To begin replication, an interagency planning group representing the key stakeholders for successful inclusion was formed and worked together throughout the process. A letter of support from the Part C and/or 619 Coordinator in each state in which SpecialCare Outreach worked was required. Planning group members came from the state, local, or regional level and groups ranged in size from five to 50. Because each group differed in the number of representatives, member responsibility, and service system design, an individualized replication plan (see Appendix D for the SpecialCare Replication Site Planning and Action Sheet) was developed based on community needs and resources.

This plan originated at an interagency planning group meeting and was a record of specific information and decisions about each community site's unique replication process. Costs for travel, training, and replication were supported by state, regional, and/or local resources, including Comprehensive System of Personnel Development (CSPD) funds, child care resource and referral budgets, and interagency coordinating council training endeavors. A Replication Agreement (see Appendix D) was signed at each planning meeting by the participating stakeholders to document the planning and replication process.

Each group planned for the initial SpecialCare training, held within their community and conducted by SpecialCare project staff. Replication trainers attended along with child care providers, experiencing the eight-hour SpecialCare training from the learner's point of view. Observation of SpecialCare training was designed to help new trainers become familiar with the SpecialCare process, the curriculum, and the use of materials.

Following each day of training by SpecialCare staff, replication trainers attended a debriefing session to discuss their observation of SpecialCare training, ask questions about the training process and content, review roles and responsibilities for conducting the training in their community, and also receive a copy of the *SpecialCare Curriculum and Trainer's Manual* and the *SpecialCare Curriculum and Trainer's Manual Planning Guide*. The Trainer Needs Survey (see Appendix E) is an instrument designed by the project to help assess the trainer's needs and resources. This survey helped determine information needed by replication trainers in order to provide training related to children with disabilities and was used by trainers as needed. Technical assistance began during the first debriefing session and continued to be available throughout the outreach process.

During SpecialCare training, a family member from the community participated as a co-presenter to provide information on raising a child with a disability and to share experiences with early intervention, early childhood special education, and/or child care programs. A community service provider offered information about the services available for children with disabilities through state, regional, and local agencies and how caregivers could help families make referrals when they had concerns about children's development. Early intervention and early childhood special education personnel participated as co-presenters so that local child care providers could get a complete and accurate overview of services available to children with disabilities for whom they might care.

This collaborative aspect of replication ensured that the state service system was accurately portrayed to caregivers, that input and perspectives from family representatives were shared, and that initial relationships were built between the child care and early intervention/early childhood special education communities. Some family and community co-presenters also became SpecialCare replication trainers.

Following SpecialCare training by project staff, the interagency planning group scheduled additional training to be conducted by replication trainers and supported by technical assistance from project staff and two project materials: the *SpecialCare Curriculum and Trainer's Manual* and the *SpecialCare Curriculum and Trainer's Manual Planning Guide*. Technical assistance from the project covered all areas of replication, including training, collaboration, linkages, and resources.

Quarterly contacts were maintained with each site to provide technical assistance as needed, such as:

- providing evaluation data results from the training conducted by SpecialCare project staff;
- helping replication trainers to prepare for replication training by answering procedural questions about training activities, preparing family and community co-presenters, collecting data, and collaboration;
- providing evaluation data results from replication training;
- providing informational materials and resources;
- conducting additional training by SpecialCare project staff to prepare more replication trainers;
- providing technical assistance for collaboration and linkages; and
- making revisions and additions to replication plans.

Figure B - SpecialCare
Outreach Site Information

STATE	CITY/ REGION	# SITES	PLANNING GROUP MEMBERS	A - PLAN MEET DATES	B - SC TRAIN DATES	C - REP TRAIN DATES	D PARTIC	E REP TRANRS
Alabama	Statewide	12	* Alabama Division of Early Intervention	3/12/97	6/9/97		25	20
			* Alabama Office of Preschool		6/10/97		25	12
			Special Education		6/25/97		21	8
			* Alabama Office of Day Care		6/26/97		28	9
			* Families from the state of Alabama			10/16/97	6	0
			* Early Intervention Program Providers			10/23/97	24	0
			* Children's Services, Anniston			11/15/97	22	2
			* Childcare Resources, Birmingham			11/22/97	34	2
			* Community Service Programs, Demopolis			2/10/98	23	0
			* Family Guidance Center, Dothan			2/24/98	22	0
			* Childcare Resource Network, Fort Payne			3/12/98	23	0
			* Child Care Management, Huntsville			6/6/98	13	2
			* South Central Alabama Childcare			6/20/98	18	0
			Management, Luverne			7/14/98	17	0
			* Gulf Regional Childcare, Mobile			7/18/98	17	0
			* Family Guidance Center, Montgomery			7/22/98	16	2
			* Child Care Resource Center, Opelika			8/29/98	15	0
			* Child Care Central, Talladega			9/30/98	10	0
			* Child Development Resources, Tuscaloosa			2/17/99	18	0
						2/20/99	14	0
						5/15/99	10	0
						8/28/99	18	0
						12/2/99	10	0
						1/22/00	12	0
						3/4/00	16	0
						4/19/00	8	0
						7/26/00	12	0
						7/29/00	18	0

A - Planning Meeting Dates
B - SpecialCare Training by Project Staff
C - Replication Training Dates
D - Participants include caregivers, trainers, and guests
E - Replication Trainers

Figure B - SpecialCare
Outreach Site Information

STATE	CITY/ REGION	# SITES		PLANNING GROUP MEMBERS	A - PLAN MEET DATES	B - SC TRAIN DATES	C - REP TRAIN DATES	D PARTIC	E REP TRANRS
District of Columbia	District	1	*	Kennedy Institute	10/24/97	11/22/97		33	13
			*	Kids, Infants, and Parents Program (KIPP),		5/2/98		28	5
				Hospital for Sick Children			1/24/98	29	4
			*	District of Columbia Families			3/21/98	21	0
			*	District of Columbia Early			5/16/98	18	0
			*	Intervention Program			3/13/99	43	1
			*	Interagency Council on Inclusion					
Kansas	Statewide	2	*	Kansas Department of Health & Environment	11/10/97	2/14/98		31	9
			*	Kansas Department of Social &		10/16/99		24	11
				Rehabilitative Services			3/9/98	10	0
			*	Kansas Child Care Training			3/28/98	8	0
				Opportunities (KCCTO)			4/7/98	9	0
			*	Families			/22/98	29	0
			*	Child Care Providers			4/25/98	8	0
							4/25/98	8	0
							4/30/98	6	0
							5/9/98	10	0
							5/20/98	14	0
Louisiana	Baton Rouge	1	*	Region II Preschool Project	6/3/97	8/23/97		30	8
			*	Region II Infant Toddler Project			1/31/98	27	0
			*	Families			8/13/98	29	0
			*	Child Care Providers					

A - Planning Meeting Dates
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E - Replication Trainers

Figure B - SpecialCare
Outreach Site Information

STATE	CITY/ REGION	# SITES		PLANNING GROUP MEMBERS	A - PLAN MEET DATES	B - SC TRAIN DATES	C - REP TRAIN DATES	D PARTIC	E REP TRANRS
Louisiana	Lake Charles	1	*	Region V Preschool Project	12/9/97	2/27/98		27	5
			*	Region V Infant Toddler Project		2/28/98		11	5
			*	Louisiana Cooperative Extension Service					
			*	Lake Charles Memorial Hospital - Kids Team					
			*	Children's Clinic of Southwest Louisiana					
			*	Child Net					
			*	McNeese State University					
			*	Children's Special Health Services					
			*	CPSS ***					
			*	CARC ***					
			*	Families					
			*	Child Care Providers					
Louisiana	Shreveport	1	*	Region VII Preschool Project	1/2/99	4/17/99		26	9
			*	Region VII Infant Toddler Project					
			*	Louisiana State University Medical Center Children's Center (LSUMC)					
			*	The Arc of Caddo-Bossier (C-BARC)					
			*	The Glen Retirement System					
			*	Caddo Community Action Agency					
			*	Caddo Head Start					
			*	81st Street School					
			*	Caddo Parish School Board					
			*	Child Care Services					
			*	Families					
			*	Child Care Providers					

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A - Planning Meeting Dates
B - SpecialCare Training by Project Staff
C - Replication Training Dates
D - Participants include caregivers, trainers, and guests
E - Replication Trainers

Figure B - SpecialCare
Outreach Site Information

STATE	CITY/ REGION	# SITES		PLANNING GROUP MEMBERS	A - PLAN MEET DATES	B - SC TRAIN DATES	C - REP TRAIN DATES	D PARTIC	E REP TRANRS
Texas	Alice	1	*	Project Ninos Early Intervention Program	6/14/99	8/5/99		33	9
			*	Alice Region Head Start		8/6/99		23	7
			*	Early Head Start					
			*	Alice Child Care Resource and Referral					
			*	Alice Area Families					
			*	Alice Early Chilhdood Intervention (ECI)					
			*	Community Action Corporation of South Texas					
Texas	Dallas	1	*	Parents in Partnership Early Childhood	6/10/99	2/11/00		29	9
				Intervention (PIP ECI)		2/12/00		16	5
			*	Early Childhood Consortium of North			7/8/00	8	1
				Texas (ECCNT)			7/24/00	28	0
			*	Dallas/Garland Area Families			7/25/00	30	3
			*	Region 10 Education Service Center,					
				Preschool Services					
			*	Our Children's Center at Irving					
			*	Child Care Management System (CCMS)					
			*	Garland ISD Parents in Partnership					
			*	Child Care Dallas					
			*	Special Care Career Center (SCCC)					
			*	Nexus Drug Treatment Center					
			*	Early Chilhdood Intervention Services, Dallas					
			*	DCDD					
			*	Child Care Garland					
			*	PITC ECI Program					
			*	Richardson Development Center					
			*	Child Care Providers					

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A - Planning Meeting Dates
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C - Replication Training Dates
D - Participants include caregivers, trainers, and guests
E - Replication Trainers

Figure B - SpecialCare
Outreach Site Information

STATE	CITY/ REGION	# SITES	PLANNING GROUP MEMBERS	A - PLAN MEET DATES	B - SC TRAIN DATES	C - REP TRAIN DATES	D PARTIC	E REP TRANRS
Texas	El Paso	1	* Region 19/PPCD Consultant	6/4/97	7/19/97		31	7
			* Parent (LMC)			5/2/98	27	0
			* YWCA ICCMS			7/20/98	6	0
			* Region 19-A-Step Forward			7/22/98	9	0
			* LMC/Elinorzind ECI			11/21/98	39	2
Texas	Odessa	1	* Infant Stimulation Program (PBCCMHMR)	7/22/98	11/14/98		23	7
			* WTO Child Care Management System					
			* WTO-I-CCT					
			* WTO-I-CCMS					
			* Rolling Praries Early Chilhdood Intervention					
			* Odessa College					
			* Child Care Providers					

A - Planning Meeting Dates
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C - Replication Training Dates
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E - Replication Trainers

Figure B - SpecialCare
Outreach Site Information

STATE	CITY/ REGION	# SITES		PLANNING GROUP MEMBERS	A - PLAN MEET DATES	B - SC TRAIN DATES	C - REP TRAIN DATES	D PARTIC	E REP TRANRS
Wisconsin	Madison	1	*	Mobilizing Partners for Inclusive Child Care	12/18/98	3/27/99		24	15
			*	Wisconsin Department of Public Instruction,			8/28/99	38	0
				Birth to Three Program			10/23/99	85	0
			*	Wisconsin Office of Child Care			11/6/99	32	0
			*	Waisman Center					
			*	Wisconsin Council on Developmental Disabilities					
			*	Child Care Information Center					
			*	Wisconsin Department of Health and Family Services, Office of Regulation & Licensing					
			*	Head Start Collaboration Project. Portage Project					
			*	Community Coordinated Child Care (4Cs), Madison					
			*	Child Care Connection					
			*	Wisconsin Child Care Resource and Referral Network					
			*	Wisconsin Child Care Improvement Project					
			*	Madison Region Families					
			*	Madison Region Child Care Providers					
			*	Northwestern Technological College					
			*	St. Ann's Center					
7		23						1455	192

A - Planning Meeting Dates
B - SpecialCare Training by Project Staff
C - Replication Training Dates
D - Participants include caregivers, trainers, and guests
E - Replication Trainers

VII. PROBLEMS ENCOUNTERED

No significant methodological or logistical problems were encountered. Minor adaptations were made to the outreach process as sites developed individualized plans for implementing training and replication to match the needs and resources of their states and/or communities.

VIII. EVALUATION FINDINGS

The evaluation plan was designed to provide both quantitative and qualitative information. Impact of the project was measured quantitatively, in terms of the numbers of communities replicating the model along with the numbers of child care providers receiving training, and in terms of increased caregiver knowledge and comfort comparing pre- and post-training results achieved by SpecialCare staff with those achieved by replication trainers. Evaluation data on caregivers trained during the four years of project operation clearly indicate that caregiver knowledge and comfort are increased by training and these increases occurred whether the training was conducted by SpecialCare project staff or by replication trainers. Qualitative data include comments from caregivers, replication trainers, and planning group participants regarding the effect of the training and the success of the replication process.

The project asked three critical evaluation questions:

1. What has been the extent of outreach activity and replication site participation?
2. What has been the extent to which replication sites achieve the same outcomes as the original model?
3. What has been the extent to which replication methodology is successful?

1. Extent of Outreach Activity and Replication Site Participation

Documentation measures provide quantitative information about the extent to which planned project activities have occurred, the numbers of training held, and the numbers of persons participating. Figure B, SpecialCare Outreach Site Information, on pages 19a-f, delineates the participating agencies for each of the replication sites, the dates SpecialCare training was conducted, the dates of replication trainings, and the number of persons participating in each. A total of 1455 caregivers and replication trainers participated in SpecialCare Outreach: Increasing Child Care Options for Children with Disabilities between 1996-2000 in 23 sites in 7 states; 488 at training conducted by SpecialCare project staff and 967

at training conducted by replication trainers. Within the 23 sites, 192 replication trainers were prepared to continue SpecialCare training in their local communities.

2. Extent to which Replication Sites Achieve the Same Outcomes as the Original Model

Efficacy of the SpecialCare model is judged, in part, by the extent to which SpecialCare training increases the knowledge and comfort of caregivers in working with children with disabilities. Caregivers receiving training from SpecialCare staff during replication completed the same pre- and post-training knowledge and comfort measures used to evaluate model efficacy. In addition, caregivers completed the five-item evaluation of the training itself. All measures are contained in Appendix G.

Replication trainers were also asked to use the same instruments to evaluate their training and to return the measures to the project staff for analysis. These measures were used in both formative and summative ways and provided valuable feedback to project and replication personnel about the success of their efforts as trainers and about the success of their replication process. Data were analyzed, as for the original model, by comparing pre- and post-measures for each group training and by comparing results across types of training personnel and sites, providing information about whether replication trainers achieve the same outcomes as SpecialCare staff.

Extent of Knowledge Increases for Training by Replication Trainers

The SpecialCare project developed a measure consisting of 15 multiple-choice questions to examine participants' knowledge of information contained in SpecialCare training. Each question had three options and there was only one correct answer. Complete pre- and post-test data are available for 774 caregivers trained between 1996-2000 by project staff (220) and by replication trainers (554). The results on the knowledge measure were analyzed in a 2 Time (pre- vs. post-training) X 2 Group (SpecialCare staff vs. replication trainers) repeated measures analysis of variance (ANOVA). This analysis indicates significantly higher knowledge scores on

the post-test than on the pre-test training ($F(1, 772)=255.19$, $p<.001$) which was attributable to an increase of 15.5% in the scores of participants in SpecialCare training. Percent correct by training type includes: SpecialCare staff – Pre: 76.7; Post: 88.7; replication trainers – Pre: 67.3; Post: 84.7. There was a significant difference between the scores of the participants trained by SpecialCare staff and those trained by replication staff ($F(1, 772)=34.5$, $p<.001$) which indicated that the scores for the replication trainers were lower than those of the SpecialCare staff. There also was, however, a significant interaction effect between the group and time factors ($F(1, 772)=8.38$, $p=.004$) which demonstrated that the change in scores between pre- and post-test differed for participants trained by SpecialCare staff and those trained by replication trainers. This difference was attributable to the fact that participants in replication training demonstrated larger gains (17.4%) than participants in training conducted by SpecialCare staff (12%). The gains were due to participants at replication sites entering with significantly lower knowledge levels. These results indicate that while there were differences, **the trainings provided by SpecialCare staff and replication staff were similarly effective in increasing the participants' knowledge about caring for children with disabilities** (see Figure D on page 23a).

Extent of Comfort Results for Training by Replication Trainers

To assess the level of comfort participants felt about caring for children with disabilities, a 7-item questionnaire using a Likert-like 6-point scale was developed. A rating of "1" on an item indicated very low comfort and a rating of "6" indicated very high comfort. The comfort measure was administered as a pre-test before training began and as a post-test at the end of the training session.

Complete data is available for 919 caregivers trained between 1996-2000 by project staff (253) and by replication trainers (666). The comfort measure data were analyzed in a 2 Time (pre- vs. post-training) X 2 Group (SpecialCare staff vs. replication trainers) repeated measures

SpecialCare Outreach
Percent Correct - Knowledge
SC Staff (N=220) - Repl Staff (N=554)

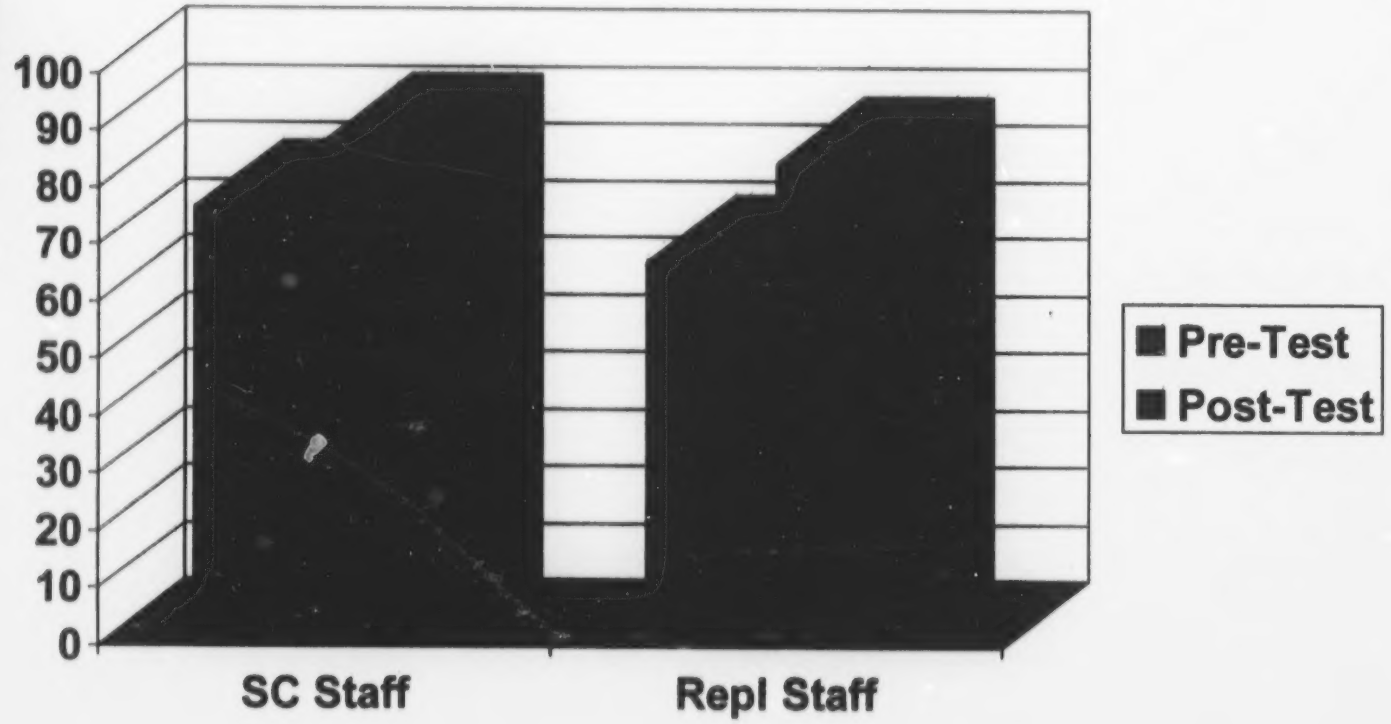


FIGURE D

analysis of variance (ANOVA). The results of this analysis indicate significantly higher comfort scores on the post-test compared to the pre-test training ($F(1, 917)=545.08$, $p<.001$). Comfort level by training type includes: SpecialCare staff – Pre: 4.11; Post: 5.06, replication trainers – Pre: 4.14; Post: 4.87. There was not a significant difference between the scores of the participants trained by SpecialCare staff and those trained by replication trainers ($F(1, 917)=1.55$, $p<.21$). These results indicate that **SpecialCare training increased participants' level of comfort in caring for children with disabilities.** They also indicate that the participants trained by the replication staff started and ended the training with comfort measure scores that were similar to those of the participants trained by SpecialCare staff. Most importantly, **results were consistent across training sessions conducted by both types of personnel indicating that SpecialCare efficacy is maintained when the model is replicated by other trainers** (see Figure E on page 24a).

Caregiver Perceptions of Training

In addition to the comfort and knowledge measures, 958 caregivers completed a post-training evaluation questionnaire between 1996-2000 about the training experience. The measure consisted of five 5-point Likert-type items, with 5 being high. Participants were asked to rate:

- overall quality of the training
- appropriateness of the information
- opportunity for questions and discussion
- helpfulness of training materials, and
- whether training would help them care for children with disabilities.

The average response to each question was 4.8 or above and the mean of the total response to the scale was 4.85. These scores indicate **high satisfaction and belief that the training would help them care for children with disabilities**. Importantly, there were **no differences in**

SpecialCare Outreach
Mean Scores - Comfort
SC Staff (N=253) - Repl Staff (N=666)

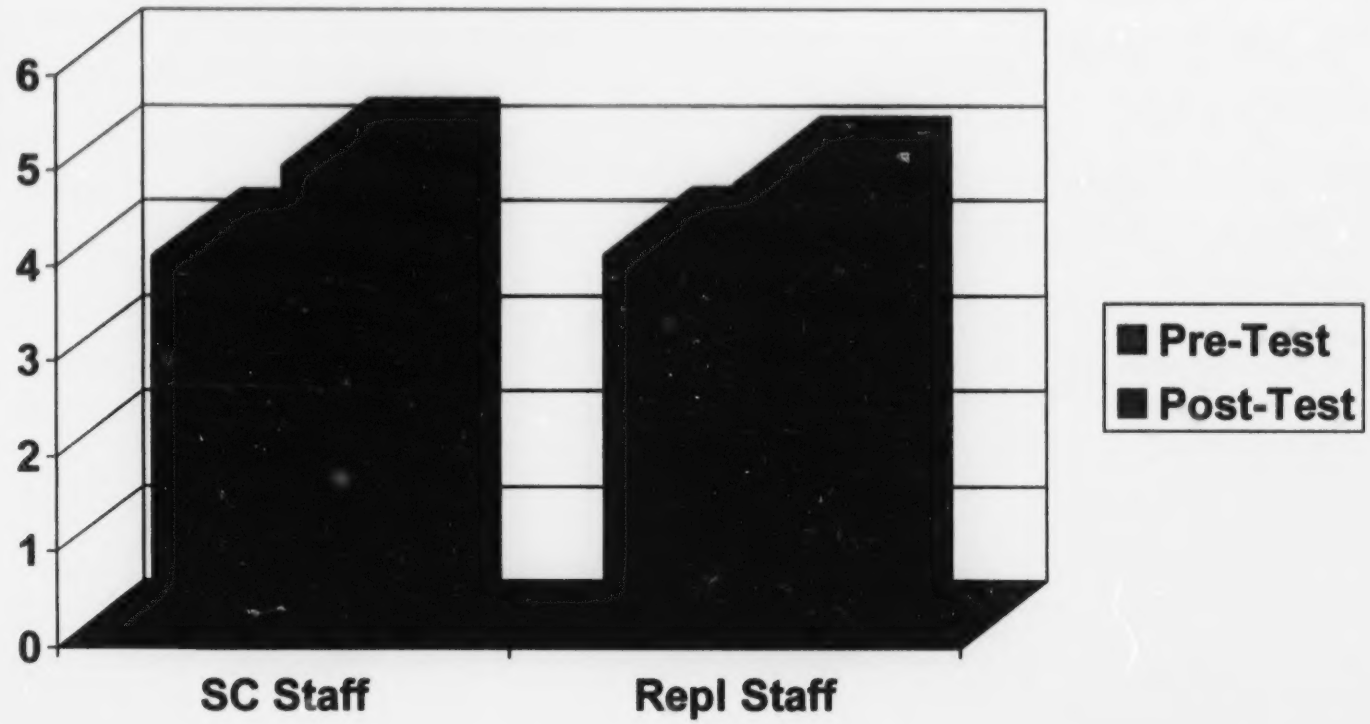


FIGURE E

24a

ratings based on whether the training was conducted by SpecialCare staff or by replication trainers.

In conclusion, caregivers' knowledge, comfort, and interest in caring for children with disabilities all increased following training. Outcomes were not differentially affected by the personnel conducting the training nor was satisfaction with the training related to training personnel. These results provide strong evidence that **SpecialCare training is a highly effective and replicable model for expanding natural and inclusive child care options for families of children with disabilities**.

3. Extent to Which Replication Methodology is Successful

Qualitative data were considered along with data regarding training outcomes to measure the success of the replication process. Using the SpecialCare Training Evaluation (see Appendix G), caregivers were asked to indicate how the SpecialCare training would help them care for children with disabilities, how their attitudes had changed, and what they would remember most. As reported earlier, there were no differences in ratings based on whether the training was conducted by SpecialCare staff or by replication trainers. This indicates that replication sites have the capacity to successfully implement the SpecialCare training model.

The following comments from caregivers receiving SpecialCare training illustrate the effect the project has had on their level of comfort in caring for children with disabilities:

If this training will help you care for children with disabilities, please give an example of how it will help:

- *"Before I attended this course, I had no knowledge of how to care for a special needs child. I am much more confident now."*
- *"I will look forward to serving all types of children now."*
- *"We already have the skills - we just need to adjust our environment and education."*

- *"The training was very informative and fun. It made us realize that children are children despite any disabilities."*

My attitude changed about:

- *"I feel more confident that I am qualified to take care of a special needs child."*
- *"My attitude changed about inclusion. I have always thought that it was not a good thing because I thought the child with disabilities would not get the services he or she needed. Now I understand that it is a positive experience for all involved."*
- *"I learned how to work with a child's ability instead of stressing their disabilities."*

I think what I'll remember most was:

- *"The session was clear, precise, and to the point. We were treated as intelligent, educated providers."*
- *"The task tables that helped participants 'walk in the shoes' of a special needs child."*
- *"I will remember how important a good foundation in child development improves the success of inclusion."*
- *"The training was informative and validating and I loved the parent who shared her personal story – testimonials really help to validate theory and practice."*

Replication trainers were asked to comment on the usefulness of the *SpecialCare Curriculum and Trainer's Manual* and *SpecialCare Curriculum and Trainer's Manual Planning Guide* in preparing for and replicating the SpecialCare training. Response were extremely favorable. Their comments about the curriculum include:

- *"Each unit is very well laid out, easy to follow, with clear instructions and direction."*
- *"I found everything I needed to conduct the training – great information – organized well – easy to read."*
- *"The handouts provide excellent information for participants and can be used for future reviews."*
- *"The most beneficial piece of the planning guide for me is the checklist of materials and equipment. I find it extremely useful in making sure all bases are covered and in dividing responsibilities among the team of presenters."*

- *"Extremely thorough!"*

- *"The planning guide provides structure but allows for individuality as well."*

A telephone survey was conducted by project staff with a sample of personnel from replication sites who had participated in SpecialCare training at least one year prior to the survey. Respondents were asked to comment on replication of the SpecialCare model of training, community collaboration, and satisfaction with the SpecialCare Outreach process.

Telephone survey responses included the following:

- *"SpecialCare was a part of our Healthy Child Indiana grant focusing on children with severe disabilities. We embedded the 8 hours of SpecialCare training into the second certificate level of a 3-level caregiver certification within the community college system. The replication process was great and the SpecialCare curriculum is very strong."*

- *"I have seen individuals become more comfortable caring for children with disabilities. When we go back to centers where staff have participated in training, we see implementation of strategies for inclusion learned by caregivers at SpecialCare training. Parents are being informed by other community agencies to call the child care management services agencies about the SpecialCare project so parents can find trained caregivers."*

- *"SpecialCare Outreach has been an important addition to our in-service training for caregivers. Each group feels better prepared to accept children with special needs into their centers and also feels like they now have resources to connect with when they have questions or concerns. This should create more opportunities for families of children with special needs to enroll their children in inclusive child care settings."*

- *"We see SpecialCare as a very important and essential component to help reach our goal of serving children with special needs in natural environments."*

- *"We have had a philosophy shift: we now approach inclusion with the idea that it will work rather than – 'well, let's give it a try' – we are much more determined to make it happen."*

Outreach Efficacy

The following statements summarize SpecialCare outreach efficacy:

- SpecialCare training increases both home- and center-based caregivers' knowledge about working with children with disabilities.

- SpecialCare training clearly increases the comfort level of both home- and center-based caregivers in caring for children with disabilities.

- Both home- and center-based caregivers perceive that SpecialCare training is helpful to them in caring for children with disabilities.

- Caregivers are more interested in caring for children with disabilities following SpecialCare training.

- The SpecialCare model of training is effective and can be successfully replicated by other trainers with similar results.

IX. PROJECT IMPACT

The work of the project during this grant period has resulted in the replication of SpecialCare training in 23 sites in five states and the District of Columbia, including seven empowerment zones or enterprise communities, where 1,455 persons participated, including 1,235 caregivers, 192 replication trainers, and 28 community supporters.

The SpecialCare Outreach project has contributed to current knowledge and practice by providing families, caregivers, trainers, the early intervention and early childhood special education systems, and the professional community at large with:

- an effective and replicable model of in-service training for child care providers designed to enhance their knowledge and level of comfort in caring for children with disabilities, ages birth to five;
- a complete 6-unit, 8-hour curriculum, trainer's manual, planning guide, and supporting materials that can be used by replication sites to continue to train new groups of caregivers;
- a model that increases, in quality and number, inclusive placement options within child care settings for young children with disabilities;
- a model that results in collaboration between providers of child care and early intervention/early childhood special education; and
- strengthened community systems of family support through the expanded child care options for children with disabilities.

Products

The *SpecialCare Curriculum and Trainer's Manual Planning Guide* was drafted in 1997 and included topics such as Getting Started, Training Preparation, The Family Presenter, The Training Day, SpecialCare Training, Participant Notebooks, Getting Participants Involved, and SpecialCare Resources (see Appendix F for Planning Guide table of contents). A field test version was sent to replication sites with a feedback form

for comments and suggestions (see Section VIII, Evaluation). Trainers' feedback and new ideas were incorporated in the completion of the planning guide during the third year of the project.

SpecialCare staff have revised the *SpecialCare Curriculum and Trainer's Manual* to reflect updated information since the curriculum was first written in 1993. Copies of the curriculum are available nationwide and are marketed to agencies providing training to child care providers. A copy of the *SpecialCare Curriculum and Trainer's Manual* is listed in the resources of the CLAS Early Childhood Research Institute, Culturally and Linguistically Appropriate Services, at the University of Illinois, Urbana-Champaign. The *SpecialCare Curriculum and Trainer's Manual* and the *SpecialCare Curriculum and Trainer's Manual Planning Guide* are available from Child Development Resources, PO Box 280, Norge, Virginia, 23127. The SpecialCare Outreach Project E-mail address is specialcare@cdr.org.

X. FUTURE ACTIVITIES

Future activities will focus on two areas. The first is dissemination of information about project products and project findings. Dissemination activities will target groups and individuals providing training to home- and center-based caregivers, family networks and coalitions, and state agencies and organizations responsible for planning and implementing inclusive services to young children with disabilities and their families.

The second is continued replication of the SpecialCare model of training. Child Development Resources has been awarded a three-year grant to continue replicating the SpecialCare Outreach project in communities nationwide. This grant will teach others how to use the SpecialCare curriculum in their work as trainers of child care providers.

The project received support for replication in the states of Alaska, Delaware, Florida, Iowa, Louisiana, Missouri, New Mexico, New York, Ohio, Pennsylvania, Texas, and Virginia. During its first year between 1999-2000, this outreach project worked with sites in Abilene, Texas and throughout the state of Illinois.

XI. ASSURANCES

This statement serves as an assurance that the required number of copies of this final report have been sent to the Office of Special Education, U.S. Department of Education and to the ERIC Clearinghouse on Handicapped and Gifted Children. In addition, copies of the title page and abstract/executive summary have been sent to the other address as requested.

APPENDICES

APPENDIX A — SpecialCare Curriculum Chart

APPENDIX B — SpecialCare Sample Training Materials

APPENDIX C — SpecialCare Newsletters

APPENDIX D — Replication Agreement
SpecialCare Replication Site Planning and Action Sheet

APPENDIX E — Trainer Needs Survey

APPENDIX F — SpecialCare Planning Guide Cover and Table of Contents

APPENDIX G — Evaluation Instrumentation

- Caregiver Comfort Measure
- Caregiver Knowledge Measure
- Training Evaluations

APPENDIX A

SpecialCare Curriculum Chart

SpecialCare Curriculum Outline

Unit I: Introducing Inclusive Child Care

Objectives	Content	Teaching Method Instructional Media	Contact Time
- Know what is meant by an inclusive child care setting - Be able to identify the benefits of inclusive child care - Become aware of attitudes and feelings about caring for a child with a disability	- Overview of inclusive child care - Benefits of inclusive child care settings - Attitudes and feelings	- Lecture - Discussion - Video - Activity - Handouts	1 hr. 20 min.

Unit II: Getting to Know Children with Disabilities

Objectives	Content	Teaching Method Instructional Media	Contact Time

- Understand why knowledge of child development is important when caring for children with disabilities
- Become aware of how it feels to have a disability
- Gain an understanding of how children's development may be affected by disabilities
	- Child development
	  - High risk signs in young children
	  - Understanding child development
	  - Areas of development
	  - Principles of child development
	- All Kids Like Cookies
	- How disabilities affect development
		- Lecture
		- Discussion
		- Activity
		- Handouts
			1 hr. 15 min.

Unit III: Building Relationships with Families

Objectives	Content	Teaching Method Instructional Media	Contact Time
- Become more aware of families' perspectives - Gain an understanding of the feelings families may have about their children's participation in inclusive child care settings - Be able to discuss ways to build successful relationships with families	- What families who have children with disabilities tell us - Guidelines for building relationships with families	- Discussion - Lecture - Video - Handouts	1 hr.

Unit IV: Including Young Children with Disabilities In Daily Activities

Objectives	Content	Teaching Method Instructional Media	Contact Time
- Understand how to create an accessible child care environment to accommodate children with disabilities - Know how to encourage social interactions between children - Gain an understanding of how to plan activities to ensure participation by all children	- Making the child care environment accessible - Encouraging social interaction through play - Helping children participate in activities	- Lecture - Discussion - Activity - Handouts	1 hr. 15 min.

Unit V: Community Services for Young Children with Disabilities

Objectives	Content	Teaching Method Instructional Media	Contact Time
- Be aware of the types of special services that may be available for young children with disabilities - Understand how those services are provided, where services might be provided, and who might provide those services - Understand what to do if they have questions or concerns about a child's development - Recognize the importance of sharing information with other service providers	- Early Intervention and Preschool Special Education Services - Providing special services - What to do when you have questions or concerns about a child's development - Sharing information with other service providers	- Discussion - Lecture - Handouts	30 min.-1 hr.

Unit VI: Ready, Set, Go!

Objectives	Content	Teaching Method Instructional Media	Contact Time
- Be able to identify strategies to ensure a smooth beginning for children with disabilities in child care settings - Have ideas about how to plan for a child's arrival - Understand more about personal beliefs about caring for a child with a disability	- Strategies for a smooth beginning - Placing a child in a group - Qualifications needed by caregivers of children with disabilities - Questions caregivers sometimes ask - What to say - Beliefs about caring for children with disabilities	- Lecture - Discussion - Video - Handouts	30 min.-1 hr.

Note: The training is evaluated by pre/post knowledge and comfort measures.

6/00

APPENDIX B

SpecialCare Sample Training Materials

UNIT I
INTRODUCING INCLUSIVE CHILD CARE

Objectives and Agenda

Objectives

As a result of this session, you will

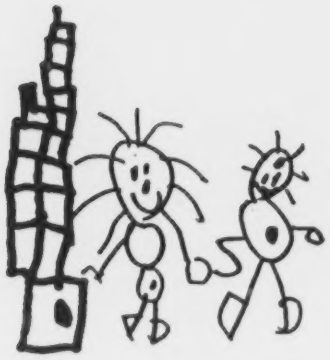
- know what is meant by an inclusive child care setting,
- be able to identify the benefits of inclusive child care, and
- become aware of your attitudes and feelings about caring for a child with a disability.

Agenda

- Overview and Purpose of the Session
- Overview of Inclusive Child Care
- Viewing the Video "Just a Kid Like Me"
- Activity: Benefits of Inclusive Child Care Settings
- Activity: Attitudes and Feelings
- Summary

SC I HO #1 9/93

We're Just Lucky!



A visitor got caught in a fire drill one day when I was helping out. While we were waiting outside, she asked:

> "Why are there so many children with disabilities here?"

My mind went blank for a second, then I found myself saying:

"We're just lucky, I guess!"

(Parent of a child without a disability)

Preschool integration handbook. (1991). Tallmadge, OH: The Family Child Learning Center, p. 8.

SC I HO #2 9/93

What Is an Inclusive Child Care Setting?

One in which all children,

those with and without disabilities,

have an opportunity to play

and learn together.

One in which the special needs and interests

of each child, including those with disabilities,

are addressed.

SC I HO #4 9/93

What Words Would You Use?

INSTEAD OF . . .	USE . . .
• Disabled, handicapped child	
• Deaf child	
• The retarded boy	

SC I HO #5 9/93

What Is Known about Caring for Young Children in Inclusive Settings

- All children learn skills and make developmental gains at expected rates in inclusive settings.

- Children usually do not imitate behaviors that are inconsistent with their own levels of development.

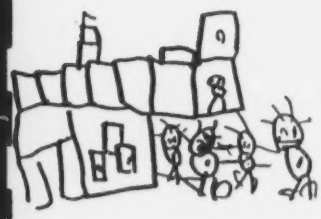
- Children do not magically interact.

- Rejection of young children with disabilities by other children is rare.

- Successful inclusion heavily depends on the attitude of caregivers.

Hanline, M. F. & Bair, M. (1988). Supported transition to integrated preschools. San Francisco, CA: San Francisco Unified School District.

Lewis, L. (1989). We're in this together. Des Moines, IA: Department of Education, Bureau of Special Education.



UNIT IV
INCLUDING YOUNG CHILDREN WITH DISABILITIES IN DAILY ACTIVITIES

Objectives and Agenda

Objectives

As a result of this session, you will

- understand how to create an accessible child care environment to accommodate children with disabilities,
- know how to encourage social interactions between children, and
- gain an understanding of how to plan activities to ensure participation by all children.

Agenda

- Overview and Purpose of the Session
- Making the Child Care Environment Accessible
- Encouraging Social Interaction Through Play
- Helping Children Participate in Activities
- Summary

SC IV HO #1 9/93

Change the World Around Her

"You may not change Maria's disability . . .

You may not make her walk . . .

But you can make her life better . . .

You can change the world around her."

(Parent of a child with a disability)

Preschool integration handbook. (1991). Tallmadge, OH: The Family Child Learning Center, p. 12.

SC IV HO #2 9/93

The Accessible Child Care Environment

- Children should have access to all the activities going on in the child care setting.

- Children with disabilities should be near other children.

- All children should be situated as much alike as possible.

Adapted from: Preschool integration handbook. (1991). Tallmadge, OH: The Family Child Learning Center.

SC IV HO #3 9/93

Promoting Social Interactions

Interacting and playing with others provides many learning opportunities for young children. In inclusive child care settings, children with and without disabilities may need to be encouraged to play together. Social interaction between the two groups of children can be encouraged in a number of different ways. Suggestions for ways to use caregiver attention and to structure the child care setting to promote socially interactive play are discussed below.

Caregivers can be very effective in promoting social interaction by encouraging children to play together and by praising them when they do. However, it is important to remember that too much adult attention may interfere with the children's interactions. It is a good idea, therefore, for adults to remove themselves from the play situation once children have begun to play together.

Caregivers also can promote interactions by teaching children specific ways to ask other children to play, to share toys, to take turns, to express affection, and to help other children.

Assisting children to control their aggressive behavior encourages the formation of friendships.

Planning small group activities that require cooperation and sharing motivates socially interactive behavior. For example, painting a mural or making soup as a group encourages children to learn to work together.

Being certain that children with disabilities are seated next to children without disabilities makes it easy for the children to interact with and learn from each other.

Allowing all children to lead activities, pass out materials, and be successful in front of others helps children view each other as competent.

Toys such as blocks, dolls, dress-up clothes, trains, and cars promote social interactions much more than do toys such as beads, clay, puzzles, and paints.

Making sure all children have toys that they can play with competently encourages children to play together.

Limiting the number of toys available and requesting that children play in a small area require children to share and engage in the same activity, thereby encouraging social interactions.

Adapted with permission from: Hanline, M. F., & Bair, M. (1988). Supported transition to integrated preschools. San Francisco, CA: San Francisco Unified School District.

Guidelines for Activities

When planning how to include children with disabilities in activities, consider the following guidelines:

- Determine how much assistance is needed.
- Provide opportunities for children to choose activities.
- Provide types of activities similar to those used by other children.
- Position children appropriately to allow for maximum independence.
- Remember that individual children have individual learning styles.
- Provide or adapt whatever additional equipment or materials may be necessary.

Preschool integration handbook. (1991). Tallmadge, OH: The Family Child Learning Center.

Special training for special needs: Module I: Monitoring development and identifying special needs. (1989). Minneapolis, MN: Project ETC, Greater Minneapolis Day Care Association and Portage Project, CESA Five.

SC IV HO #6 8/94

Helping Children with Speech or Language Impairments

Children with a delay in their communication development may have a speech impairment, a language impairment, or a combination of both. Children with speech impairments often have difficulty speaking in the correct pitch and tone of voice, pronouncing and sequencing the sounds used to talk, and/or speaking with normal rhythm and speed. Children with language impairments may have difficulty expressing their ideas in words and/or may have difficulty making sense of what they hear. A delay in communication development may occur as part of another disability.

When including children with delays in their communication development in inclusive child care settings, keep in mind that children learn language best when they have the opportunity to practice talking and listening and when language is meaningful to them. Remember also that children with speech impairments may be shy about talking. Help the children feel secure by gently encouraging them to use the skills they have, while not asking them to do anything that will be frustrating or embarrassing. Let the children know that any attempt at talking is appreciated.

To enhance children's communication development:

- Listen attentively when a child speaks and respond to what the child has said. A child with a speech impairment may be difficult to understand at first, but understanding becomes easier as you get to know the child.
- Remember to use names for objects and places and to use words for actions. For example, instead of saying "Put it over there," say "Hang your bag on the hook."
- If a child is having difficulty expressing himself, listen without interrupting for him to finish speaking. Do not speak for the child.
- Ask children open-ended questions instead of yes-no questions. Rather than saying "Are you painting?" ask "What are you doing?"
- A child who has difficulty understanding words may have problems responding immediately to simple verbal directions. It may help to show the child what to do at the same time you are telling her what to do, to use gestures along with the spoken word, and to give the child a little extra time to respond.
- Try not to anticipate and meet a child's needs before the child expresses a need. Encourage the child to independently and spontaneously express his needs.
- Expand on what a child says. For example, when a child says "Want ball," expand by saying "You want the ball." This shows the child he is understood and also shows him how to express himself in a more developmentally advanced way.

Adapted with permission from: Hanline, M. F., & Bair, M. (1988). Supported transition to integrated preschools. San Francisco, CA: San Francisco Unified School District.

Helping Children Participate - Activity #1: Children with Speech or Language Impairments

The purpose of this activity is to help you know how to help children with disabilities participate in your child care setting. You will have 15 minutes to complete the activity.

Instructions

- Read Handout #8: Helping Children with Speech or Language Impairments.
- Do the task.
- Discuss your ideas with the other members of your small group. Use the chart paper to write down three to five ideas your group has talked about.
- Be prepared to share your ideas with the large group.

Task

Imagine you have just started caring for a child named Kenny. Kenny is 4 years old and has a speech impairment. He doesn't speak very often, and, when he does, he is hard to understand.

Identify three things that you can do to enhance Kenny's communication development.

SC IV SP #1 9/93

APPENDIX C

SpecialCare Newsletters

SpecialCare Outreach

Summer 1999

Child Development Resources, P. O. Box 280, Norge, VA 23127-0280

SpecialCare Training Throughout State of Utah!

87 participants in Utah; over 2780 nationwide!

A grand total of 87 caregivers and replication trainers attended three statewide trainings in Utah during March 1999. Spearheaded by the Utah Department of Health, Early Intervention Program, and supported by the Utah Map to Inclusive Child Care Project, training was held in the southern, central, and northern regions of the state.

The Utah Baby Watch Early Intervention Program supported travel costs for SpecialCare trainers and enlisted the collaborative support of three of the six Child Care Resource and Referral Centers in the state to host training and arrange training sites. Planning group members included representatives from Baby Watch, Child Care Resource and Referral, County Health Departments, Utah Head Start, local early intervention programs, and families.

"Networking from the beginning..."

Susan Ord, Coordinator of the Comprehensive System of Professional Development in the Utah Baby Watch program, remarked, "What a great idea you have to include trainers, community resource folks and child care providers in the same training. This allows networking to start right from the beginning when the training resource is brought into a community."

Parents provide family experiences

Additional collaboration occurs when a parent of a child with a disability joins the training as a co-presenter and relates personal experiences. Parents from each region were invited to tell their family stories and to share pictures and illustrations of their children's accomplishments and child care experiences. A local representative of the early intervention and/or early childhood special education system also provided information for caregivers about how services for young children and their families are provided throughout Utah. Susan Ord added, "This process did demonstrate to me that we definitely have many people committed to making child care for children with disabilities work in our state. Thank you for knowing how to help us set the stage for a successful experience."

As the project draws to a close in its third year expanding child care options for children with severe disabilities, SpecialCare staff have provided replication training in 22 sites in seven states. SpecialCare Outreach continues to receive requests for new sites and training dates and will begin a new project phase on October 1 (see page 2). For more information about how to bring SpecialCare training to your state or region, please contact Louise Canfield or Marilyn Dunning at 757-566-3300.

Tips and suggestions for jazzing up training sessions (p 2)

Announcing new SpecialCare grant (p 2)

Ask SpecialCare (p 2)

What is the impact of SpecialCare training in the Austin community? (p 3)

SpecialCare replication sites are making a difference (p 3)

Tips for Trainers

SpecialCare Training is a full day of training. How do trainers keep SpecialCare participants involved and motivated for the entire day? Consider –

- ✔ The average listener can comprehend between 600 and 800 words per minute.
- ✔ The average presenter speaks about 120-200 words per minute.
- ✔ The average adult has an attention span of between five and seven minutes.

Participants are therefore thinking approximately four times faster than the trainer can present information. Combine this with participants' short attention span and a full day of training, and trainers do have a real challenge.

The *SpecialCare Curriculum and Trainer's Manual* includes trainer's notes on the content and methods for providing training, suggested trainer's aids such as flip charts and overheads, handouts for participants, videotapes, and a list of additional resources. The manual is designed to achieve a very interactive, fast-paced, and successful day of training.

Remember that by building rapport as a trainer, you achieve effective audience participation. Establish expectations early in the presentation. Set an inviting tone immediately-within the first three minutes- and set a goal to exceed participants' expectations of the training day. Start on time and adhere to your agenda as much as possible. Always think, "Why are these participants here?" Learn and use participants' names. Create winning opportunities for the audience through activities, discussion, audience participation, and raffle prizes. Be enthusiastic! Share personal experiences and make your points with empathy, credibility and clarity. Always leave room for spontaneity. Be flexible. Everyone will be surprised how quickly the day progressed!

Adapted in part from: Jeary, Tony. (1996). *Inspire Any Audience*. Dallas, TX. Tropny Publishing.

Announcing ...

SpecialCare Outreach has been funded for three years, from 1999-2002, by the U.S. Department of Education, Office of Special Education Programs! The SpecialCare Outreach project will expand natural and inclusive service settings and placement options for children with disabilities from birth through age five and their families through replication of a proven model of training for home- and center-based child care providers.

With the approval of state Part C lead agencies or Departments of Education, the project will continue to work through local interagency coordinating councils or local planning groups in different states to replicate the SpecialCare model. In states where local interagency groups do not already exist, SpecialCare staff will work with community representatives from the field of early intervention or special education to establish an interagency planning team that also includes child care personnel and parents. At each replication site, replication trainers will be identified who will participate in project training. This strategy ensures that the local replication site personnel are acquainted with both the content and the process of SpecialCare training so that they can conduct the training in their own communities, supported by the SpecialCare trainer's manual, planning guide, and technical assistance from the project.

Please contact us at 757-566-3300 if you would like more information about the new SpecialCare Outreach Project. We look forward to continuing relationships with our SpecialCare sites and to building relationships with the new states and sites where the project will be working during the next three years.

Ask SpecialCare

Question: How do you respond when a caregiver asks the question, "What do we say to parents who are in *denial* about their child's disability?"

Answer: First, it is important to understand what we mean by the term disability. A child with a disability is one, who because of the degree of physical, social or intellectual delays, may require additional support, assistance, and/or adaptation to successfully participate in the typical activities of childhood.

Sometimes parents, who are aware of their child's disability, choose not to share information with a caregiver for a variety of reasons. Many parents have told us they are afraid to tell caregivers about their child's disability because they feel the caregiver might not readily accept their child. Sometimes parents are afraid if they say too much about their child's disability that the caregiver will only focus on the disability and not on the other attributes of the child.

Generally when caregivers develop a trusting relationship with parents, it becomes easier to approach a family with concerns. Listening attentively to parents when they talk about their children may give caregivers an opportunity to talk more openly with parents. Using the vocabulary of the family is helpful in describing caregiver observations of a child.

Caregivers who first talk about the strengths of the child already have the attention of parents when they begin to describe areas of difficulty. The important thing to remember is to speak respectfully to families, hear what they are saying, and let them know that you want to provide the best possible care for their children.

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Feedback from the Field

Telephone evaluation surveys were conducted during summer 1999 to collect data about the impact of the SpecialCare Outreach Project on replication sites. Peggy Martin is a trainer at Centex Child Care Management Services (CCMS) in Austin, Texas. She was the site contact for Austin and was a member of the original interagency planning group.

SC: How is SpecialCare training conducted in your area?

Full-day trainings are conducted quarterly and some materials have been used in a variety of settings with many different groups in the community. A swim team wanted us to help train high school students to work with children with disabilities who were going to attend swimming classes. The SpecialCare unit on Getting to Know Young Children with Disabilities was received with lots of energy and enthusiasm from the high school students. This unit was also used in a support group for siblings of children with disabilities. Information about SpecialCare training was presented at the state Child Care Licensing Conference.

SC: Have you trained any new replication trainers?

Twenty. In the beginning of the process of training, we sent them out on their own. Now we provide more support by pairing new trainers with veteran SpecialCare trainers.

SC: What is the level of collaboration between early intervention, early childhood special education, child care, and families since the SpecialCare Outreach Project?

Collaboration with our Mental Health/Mental Retardation agency became stronger as a result of the SpecialCare project. Also, we have done more education with interagency members about inclusion as a result of SpecialCare.

SC: What changes have occurred in the way inclusive services are provided as a result of the SpecialCare Outreach Project?

I have seen individuals become more comfortable caring for children with disabilities. When we go back to centers where staff have participated in training, we see implementation of strategies for inclusion learned by caregivers at SpecialCare training. Parents are now calling CCMS for referrals of child care centers where staff have had SpecialCare training. Parents are being informed by other community agencies to call CCMS about the SpecialCare project so parents can find trained caregivers.

Applause to SpecialCare Replication Sites

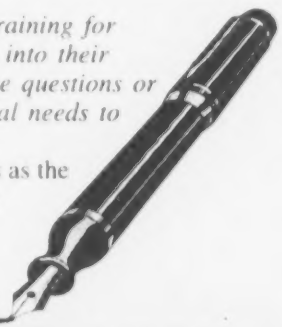
SpecialCare would like to applaud all SpecialCare sites in the following states: Indiana, Mississippi, New Jersey, Oklahoma, Texas, Utah and Virginia. "Thank you" for giving SpecialCare the opportunity to train caregivers and replication trainers in your state!

Comments from caregivers, families and early intervention/early childhood special education personnel include:

"My attitude changed about inclusion. I had always thought that inclusion was not a good thing because I thought the child with disabilities would not get the services he or she needed. Now I understand that it is a positive experience for all involved." (Cedar City, Utah)

"We see SpecialCare as a very important and essential component to help reach our goal of serving children with special needs in natural environments." (Hattiesburg, MS)

"SpecialCare Outreach has been an important addition to our in-service training for caregivers. Each group feels better prepared to accept children with special needs into their centers and also feels like they now have resources to connect with when they have questions or concerns. This should create more opportunities for families of children with special needs to enroll their children in inclusive child care settings." (Trenton, NJ)



These comments emphasize the success evident in SpecialCare replication sites as the project increases caregivers' knowledge and level of comfort in caring for children with disabilities. SpecialCare sites, keep up the good work! You are making a difference!

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Looking Forward to Hearing From You

Please share your ideas, tips, questions or dilemmas for upcoming editions of **SpecialCare Outreach**. Please mail, fax, E-mail or call in your ideas to:

SpecialCare Outreach
Child Development Resources
P.O. Box 280
Norge, VA 23127-0280
(757) 566-3300
(757) 566-8977 (FAX)
e-mail:specialcare@cdr.org

Everyone sharing information will receive a SpecialCare gift!

Child Development Resources
P. O. Box 280
Norge, VA 23127-0280

SpecialCare Outreach

SpecialCare Outreach

Fall 1997

Child Development Resources, P. O. Box 280, Norge, VA 23127-0280

SpecialCare Outreach: Increasing Inclusive Child Care Options

Over the past six years, the SpecialCare model has been used to train over 800 caregivers to increase their knowledge of and comfort with caring for children with disabilities.

Child Development Resources (CDR) is proud to let you know about *SpecialCare Outreach: Increasing Inclusive Child Care Options,* a project that makes SpecialCare training available to caregivers around the country. The project, which began work on October 1, 1996, gives priority to Empowerment Zones and Enterprise Communities.

SpecialCare uses a proven model of training that builds on traditional caregiving roles and skills so that caregivers are able to extend those skills to care for children with disabilities.

SpecialCare Outreach not only provides training for caregivers, but also helps communities replicate the SpecialCare model. Project staff work with local interagency groups that include representatives from early intervention, early childhood special education, child care, other related agencies, and families. In each community in which the project works, local trainers become familiar with both the content and process of SpecialCare training so that they can conduct training in their own communities, supported by the SpecialCare Trainer's Manual and technical assistance from the project.

The importance and value of community partnerships in child care training was recently demonstrated during a state interagency planning meeting in Montgomery, Alabama. Fifty people attending this meeting represented the state offices of early intervention, of preschool special education and of day care licensing, family members of children with disabilities, and twelve Child Management Agencies (CMAs). Although many of the key state agencies in Alabama already had working relationships with each other, the SpecialCare Outreach process provided an opportunity to forge new relationships at the state level on behalf of children and families. As a result of this first-rate collaborative effort, the state will replicate SpecialCare training statewide in twelve regions.

The project's goal is to train approximately six to nine sites in four to six states each year. Project staff are currently working in Alabama, Louisiana and Texas to replicate the SpecialCare model.

For more information about how to bring SpecialCare training to your state, please contact Marilyn Dunning or Michele Taylor Stuart at (757) 566-3300.

Tips and Suggestions for jazzing up any training session (p 2)

Meet the SpecialCare Staff (p 2)

Ask SpecialCare (p 2).

How effective is the SpecialCare training? An Educational Coordinator shares her experience in "Feedback from the Field" (p 3)

"Just in Case You Missed It" Early Intervention Early Childhood Summer Institute (p 3)

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Tips for ainers

Both icebreakers and openers are startup activities that help participants ease into training. Icebreakers usually do not relate directly to the training subject matter whereas openers relate directly to the training content. A successful ice breaker or opener should set the tone for a positive, relaxed learning environment. When selecting an opening activity, you may want to consider the following:

- ✔ Composition of the group (the number of people and level of expertise or experience)
- ✔ Content of the program (the type of activities and tone of the entire session should be mirrored in the opening)
- ✔ Length of the program (the length of the opening should be proportionate to the length of the program)
- ✔ Style and personality of the trainer

Introducing ... the SpecialCare Project Staff

Many of you already know **Sheri Osborne**, Project Co-Director. Sheri has worked at Child Development Resources for over 14 years on a variety of training projects and was one of the people responsible for the development of the SpecialCare Curriculum.

Marilyn Dunning and **Michele Taylor Stuart** are the SpecialCare Coordinators. Marilyn comes to SpecialCare from New Jersey and brings with her a wealth of training experiences with early childhood audiences. Michele has been a CDR training consultant for over six years and has done extensive training with early intervention and early childhood personnel on assessment, teamwork and other topics.

Louise Canfield is the SpecialCare Training Consultant for this project. Louise has many years of experience as a Speech Pathologist and as a developmental disabilities specialist and trainer.

SpecialCare is fortunate to have **Gwen Johnston's** talents as support staff. Gwen is responsible for the production of SpecialCare's written materials and training notebooks. In addition, she handles all other secretarial/clerical activities—including answering our phones! Say hello to Gwen the next time you call our office!

Ask SpecialCare

Question: What do I do when a participant asks me a question about a specific disability—such as Down Syndrome or Cerebral Palsy?

Answer: We want caregivers to learn that, like all children, children with disabilities have individual abilities and needs. Questions about a specific child's disability are best answered by the family, early intervention, or early childhood special education provider. For that reason, at the beginning of SpecialCare training we let participants know the purpose of our training—to share general information about children with disabilities. You can say at the onset of training that you will not be discussing any specific disabilities during the training, then if a question comes up, you can simply remind participants about the purpose of SpecialCare training. If you feel comfortable briefly answering the participant's question you can certainly do so. The trick is not to let it turn into a lengthy discussion. You might say to the participant that you would be happy to discuss this further with them during lunch or a break, or you can say that you will send them some pertinent information from your resource files.

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Feedback from the Field

Ellen Falk is the educational coordinator with the Epilepsy Association of Maryland (EAM). EAM provides resources, referrals, support, counseling, advocacy and educational opportunities to the community and surrounding counties. Their office is located in Towson, Maryland. EAM, a SpecialCare replication site, provides SpecialCare training twice a month to child care providers.

SC: What type of audiences have participated in your SpecialCare training?

EF: We have provided training for preschool directors, in-home and center-based providers, and Head Start programs.

SC: What is your favorite part of SpecialCare training?

EF: Unit 3, Building Relationships with Families, is my favorite part of SpecialCare training because it has the greatest impact on our participants along with reading of the "Welcome to Holland" story. Another part I enjoy is the parent presenter who shares her story and how having a child with a disability affects the family. I also like the planning process we use to prepare for the actual SpecialCare training.

SC: How have you announced or promoted SpecialCare training?

EF: Baltimore County and The Maryland Committee for Children tell child care providers about SpecialCare training opportunities through a calendar published twice a year. Maryland's Child Find provides listings of child care centers in our area along with "Playkeepers" and "Playcenters" that are for-profit, center-based chains that work with school-aged children in public schools. Through both these agencies, we are able to mail flyers to child care providers and centers.

SC: Do you have one or two helpful hints for others doing SpecialCare training?

EF: Keep a positive attitude, keep smiling and wear comfortable shoes. Try and feel out your audience as you train. I have developed a color coded system for the SpecialCare forms that are needed during the training day and keep all of this information in a large portable green carry file. I provide a participant's notebook for parent presenters and the "Welcome to Holland" story to help the parent presenter get a feel of the SpecialCare training. We also ask parents to bring pictures of their children when they share their families' story in Unit 3.

SC: How have you benefitted from being a SpecialCare trainer?

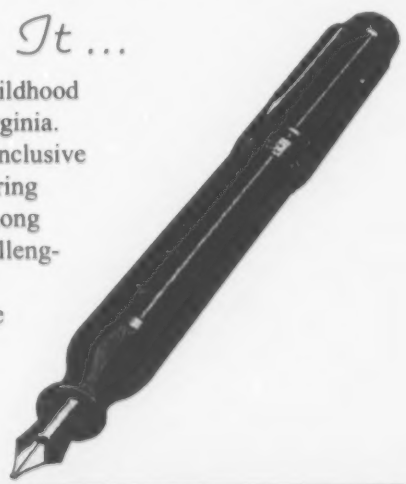
EF: I have grown a lot. SpecialCare training helps me to have a clearer perspective of what parents go through when they have a child with a disability. I feel that I'm making it easier both for parents who need child care and for providers who need training. Some child care providers may not have children with disabilities in their classrooms presently, but next year they may and I feel this training will be helpful to them.

SC: Any other comments or suggestions?

EF: SpecialCare is a wonderful training. When you read the evaluations, you can see you have given caregivers a lot. Be as creative as you can when you divide the participants into small groups. Feel free to talk with the SpecialCare project staff if you have questions. They are a wonderful support!

Just in Case You Missed It...

Child Development Resources' 12th Annual Early Intervention/Early Childhood Summer Institute was held July 28 - August 1, 1997 in Williamsburg, Virginia. This year's institute was filled with new ideas and methods needed for inclusive early childhood programs. Institute faculty shared new models for fostering social and emotional development between parents and children and among children. Faculty brought practical strategies for managing the most challenging behaviors along with creative, new ways to use music, drama, and adaptive technology in classroom programs. If you would like to receive information on future institutes sponsored by CDR, give us a call at (757) 566-3300 and speak with Lisa McKean.



Looking Forward to Hearing From You

Please share your ideas, tips, questions or dilemmas and we will include them in upcoming editions of **SpecialCare Outreach**. Please mail, fax, E-mail or call in your ideas to:

SpecialCare Outreach
Child Development Resources
P.O. Box 280
Norge, VA 23127-0280
(757) 566-3300
(757) 566-8977 (FAX)
e-mail:specialcare@gc.net

Everyone sharing information will receive a SpecialCare gift!

SpecialCare

Child Development Resources
P. O. Box 280
Norge, VA 23127-0280

SpecialCare Outreach

Summer 1998

Child Development Resources, P. O. Box 280, Norge, VA 23127-0280

SpecialCare Outreach Replication Training Takes Off!

Over 2000 caregivers have participated in SpecialCare training!

Spotlight on the District of Columbia

In the District of Columbia, the Kennedy Institute and the Kids Infant Parent Program (KIPP) Hospital for Sick Children collaborated to bring SpecialCare training to their city as part of a Support for Inclusion grant funded through the District of Columbia (DC) Early Intervention Program. These agencies form an Interagency Council on Inclusion that meets on a regular basis to work on issues regarding inclusive placements, supportive services and to plan SpecialCare training. The number of participants on the council has increased as interest in inclusion continues to expand.

SpecialCare, an outreach project of Child Development Resources in Norge, Virginia helps communities expand inclusive child care options for young children with disabilities and their families by replicating a proven model of training for caregivers. SpecialCare project staff work with community interagency groups comprised of representatives from early intervention, early childhood special education, caregivers, and families to identify local trainers to participate in SpecialCare training and receive technical assistance from the project.

Nation's capitol thrilled with inclusion

Initial SpecialCare training in DC took place in November 1997 to prepare 17 replication trainers. Since January 1998, an additional eight trainers have joined the process and three replication trainings were held, all of which had a waiting list. Lynne Gelzer of the Kennedy Institute stated, "We are thrilled to have 25 replication trainers ready for SpecialCare training! The support of the SpecialCare Outreach replication process ensures that we can work toward meeting the demand for this enjoyable and effective training." This enthusiastic response to SpecialCare training highlights the need for increased child care options for children with disabilities.

CDR is proud of the accomplishments of the SpecialCare Outreach project. Since October 1996, 18 replication sites in the District of Columbia and four states (Alabama, Kansas, Louisiana, Texas) have participated in the SpecialCare Outreach process. In these states, more than 100 replication trainers continue to provide SpecialCare training in local communities.

Demand remains high

Demand for assistance from the outreach project from both state agencies and local communities remains exceedingly high. It is expected that this high level of activity will continue in view of the renewed emphasis of IDEA on serving children with disabilities in natural and least restrictive environments.

For more information about how to bring SpecialCare training to your state, please contact Marilyn Dunning or Louise Canfield at (757) 566-3300.

Tips and suggestions for jazzing up any training session (p 2)

Meet the new SpecialCare staff (p 2)

Ask SpecialCare (p 2)

How effective is the SpecialCare training? A co-director of a state-wide training office for child care providers shares her experience (p 3)

Learn about the SpecialCare Advisory Group (p 3)

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Tips for Trainers

Successful training is enhanced when trainers have a clear understanding of how individuals learn. Participants bring many ideas, suggestions and experiences to the training day and want to learn ways to incorporate the training experience into their daily activities. When offering training for adults, consider the following principles:

✔ **Participants are capable and eager to learn new information and skills.** ◆ Training, if interesting and thought-provoking, offers opportunities to gain new practical knowledge.

✔ **Learning is enhanced when it can be immediately applied to real life experiences.** ◆ Share stories, give concrete examples, allow time for the participants to share pertinent information. ◆ Provide questions that will allow participants to use critical thinking skills that help them work toward application of a new idea or concept.

✔ **Participants learn, process, and review new information in a variety of ways.** ◆ Offer a range of strategies to help all participants learn new concepts. ◆ Guide individuals to build on information they already know.

Introducing ... the New SpecialCare Project Staff

SpecialCare welcomes two new staff members!

Dee Moore and **Jarma Wrighten** join SpecialCare as training consultants. Both bring a wealth of valuable experience to the project.

Dee and her family first came to CDR seeking services for their infant son. She now is a training consultant for both SpecialCare Outreach and Partners Plus, a respite care project. Dee is also a parent group leader for the Infant Parent Program. Her contributions to CDR as a volunteer, board member, and active staff member are a reflection of her belief in the agency's missions. Her formal training and experience are in the fields of social work and early intervention.

Jarma is not only a SpecialCare training consultant, but a Technical Assistance Specialist for the Disabilities Services Quality Improvement Center (DSQIC). Prior to joining CDR, Jarma was employed with the STOP Head Start Program in Norfolk, VA. Jarma comes to SpecialCare with a wealth of Head Start knowledge and compassion for children and families with disabilities. Her formal training is in the field of speech therapy.

Ask SpecialCare

Question: What do I do when a participant seems discouraged about the challenging behavior of a child with a disability?

Answer: It is important to address the issue of behavior directly because it is a hot topic for caregivers. We want caregivers to learn that, like all children, children with disabilities have good days and bad days. Caregivers should be reminded that *developmentally appropriate practice* in the child care classroom will foster appropriate behaviors in all children. Encourage the caregiver to examine the environment and routine as well as caregiver expectations to make sure that the classroom is truly developmentally appropriate.

If the classroom environment and routine have been examined and really are appropriate, then the caregiver needs to decide what the child has to gain by the behavior. Children communicate many things through their behavior, including frustration, boredom, an inability to process information, a simple desire for attention or power, or physiological problems. Through careful observation, a caregiver can usually figure out what the child is communicating. The trick is to make sure that adult behavior is not reinforcing the inappropriate behavior!

Challenging behaviors can certainly be explored throughout the day of SpecialCare training. However, if the participant wants to spend a lot of time on this topic, you can offer to speak with him/her during the break or at lunch time. You can also offer to send the caregiver some information on managing the behavior of all children from your resource files.

Feedback from the Field

Gwen Bailey is the co-director of Kansas Child Care Training Opportunities (KCCTO), a statewide training office for child care providers. KCCTO provides twenty-five, ten-hour courses on basic information that all caregivers need to know including behavior and guidance, child development, nutrition, art, preschool math, health and safety, and SpecialCare.

SC: How did you hear about SpecialCare?
We received a grant from the Kansas Department of Health and Environment to identify a curriculum that could help caregivers feel comfortable caring for children with disabilities. We reviewed 20 programs and about 50-75 written resources. We then narrowed it down to three and finally chose SpecialCare.

SC: With all of those choices, what made you choose SpecialCare?
We felt it was a good fit for what we needed in our state and that it would really open the door and be the first in a series of trainings for caregivers. We also needed to adapt whatever curriculum we chose to fit our state and SpecialCare was willing to help us do that.

SC: Have you made any adaptations to the SpecialCare curriculum?
We have made almost no changes in the six basic units, although we will eventually be adding some Kansas scenarios as introductions in the participant notebook. We have added a 7th unit on the Americans with Disabilities Act (ADA). We wanted caregivers to know where to get their questions answered about the ADA - we don't say that we're experts but we give them some information on the historical perspective and some legal issues and concerns. The 7th unit also includes additional information about the IFSP/IEP, and some information on behavior management techniques, since that's also an area in which we get lots of questions.

SC: You have been field-testing the SpecialCare curriculum around the state with a number of trainers. What kind of feedback are you getting from the field?
The trainers love it! They remember our old curriculum which was more of a cookbook on specific diseases or disabilities. SpecialCare looks at disabilities in a much broader way that everybody can understand and isn't specific to a particular disability. They also love the fact that it is so participatory and has so many hands-on activities. People leaving the training course are saying things like "I don't know why I was so afraid of this" or "I don't know why I didn't think I could do this." The trainers are having great success with it.

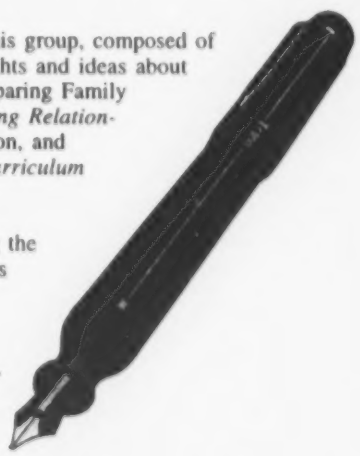
SC: What has been some of the results from SpecialCare training?
One outcome I wasn't expecting was that the trainers now better understand their networks--who the resource people are in the communities and what information and materials are available. We also have absolutely no trouble filling the courses. They fill very quickly. This topic has never been so popular!
The Kansas 7th Unit on ADA is available to other interested SpecialCare sites. For more information, contact Gwen Bailey, KCCTO at 1-800-227-3578.

Applause to SpecialCare Advisory Group

The SpecialCare Advisory Group is making valuable contributions to project work. This group, composed of caregivers and families from around the country, reviews materials and provides thoughts and ideas about different project activities. For example, SpecialCare developed handouts entitled "Preparing Family Presenters" and "Tips for Family Presenters" to supplement training in Unit III, *Building Relationships with Families*. The group reviewed these two handouts for clarity, comprehension, and appropriateness. The project now includes these materials in the new *SpecialCare Curriculum and Trainer's Manual Planning Guide*.

Written material for CDR training undergoes a thorough review process. Incorporating the thoughts and ideas of families and caregivers into the development of training materials helps to ensure the efficacy and relevancy of SpecialCare training.

SpecialCare Outreach continues to invite new members to join the advisory group as project staff conduct SpecialCare training at new sites. The advisory group's participation helps to ensure the success of SpecialCare work to include children with disabilities in child care settings.



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SpecialCare *Outreach*

APPENDIX D

Replication Agreement

SpecialCare Replication Site Planning and Action Sheet

SPECIALCARE OUTREACH REPLICATION AGREEMENT

This agreement is between Child Development Resources' SpecialCare Outreach project and

_____.

I. SPECIALCARE OUTREACH PROJECT COMMITMENT: SpecialCare Outreach will provide the following:

- One-day training of child caregivers using the SpecialCare model for inclusive child care
- Learning opportunities for replication trainers to include:
  - observation of SpecialCare training course
  - feedback and technical assistance based on evaluation of training
- Independent study materials and SpecialCare trainer's manual
- Technical assistance in developing a plan for collaboration among caregivers, families, early intervention, and early childhood special education personnel
- Technical assistance in developing procedures for linking families with trained caregivers
- Continuing technical support needed to ensure continued caregiver training by SpecialCare replication trainers
- Other, as appropriate

II. REPLICATION SITE PLANNING GROUP COMMITMENT:

Interagency Planning Group for the area including _____ agrees to replicate the SpecialCare model of training for child caregivers and agrees to:

- Ensure key local stakeholder involvement in replication planning
- Identify Part C/LEA personnel to participate in SpecialCare training
- Identify at least one replication trainer
- Identify local family member to participate in training, if available
- Assist in logistical planning for training as needed
- Assist in evaluation of SpecialCare Outreach through data collection
- Guarantee equal access to services and in employment
- Comply with all local, state, and federal guidelines and regulations related to services for children with disabilities and their families
- Identify strategies for non-federal cost sharing
- Other, as negotiated

_____ _____

(Signature of SpecialCare Project Representative) Date

SPECIALCARE REPLICATION SITE PLANNING AND ACTION SHEET

SITE:_____ SITE CONTACT:_____

SPECIALCARE STAFF:_____ DATE DEVELOPED:_____

Completed	Activity	Comments/Responsibility/Action
	Preparation for Replication Activities	
❐	1. Review replication procedures for project.	
❐	2. Identify replication trainer(s) at each site.	
❐	3. Identify co-trainers from local planning group to co-present unit on community services.	
❐	4. Review responsibilities of co-trainers for presenting local information as part of community services unit.	
❐	5. Determine technical assistance needed in determining roles and responsibilities of parents and other personnel in training.	
❐	6. Plan for development of handout on specific local services available for use in replication training.	
❐	7. Identify appropriate community agencies who provide services to families of children with disabilities.	
❐	8. Identify planning group's need for technical assistance related to collaboration.	
❐	9. Determine dissemination strategies for informing caregivers of training.	

Activity	Comments/Responsibility/Action
❒ 10. Schedule training.	
❒ 11. Review cost-sharing options and determine financial strategies and responsibilities.	
Pre-Training Activities	
❒ 12. Draft training agenda and announcement and review with SpecialCare staff.	
❒ 13. Plan for preparation of participants' training notebooks.	
❒ 14. Review replication trainer's role as observer/learner/participant in initial training.	
❒ 15. Disseminate information about training to caregivers.	
Training Activities	
❒ 16. Conduct SpecialCare training.	
❒ 17. Share information about early intervention and preschool service delivery systems during caregiver training.	

	Activity	Comments/Responsibility/Action
❒	18. Evaluate training, securing caregiver, co-trainer and replication trainer feedback.	
	Family Activities	
❒	19. Identify families of children with disabilities living in model replication area.	
❒	20. Identify family networks to receive information about the project.	
❒	21. Plan for the distribution of awareness information to families about the outreach project and options for participation.	
❒	22. Plan for a survey of parents to determine their interest in participating in project activities.	
❒	23. Contact interested families.	
❒	24. Provide opportunities for families to participate in training.	
❒	25. Establish procedures with SpecialCare staff for informing families and communities about caregivers who have been trained.	
❒	26. Review options, including direct mailing to families. information and referral agencies.	

SPECIALCARE REPLICATION SITE PLANNING AND ACTION SHEET

Activity	Comments/Responsibility/Action
Post-Training Activities	
❒ 27. Meet with SpecialCare staff to debrief training observation experience and ask questions about training process and content.	
❒ 28. Provide copy of SpecialCare curriculum and trainer's manual and copy of Planning Guide to replication site.	
❒ 29. Review SpecialCare trainer's manual and the Planning Guide with SpecialCare project staff.	
❒ 30. Review roles and responsibilities of replication trainer in planning and conducting additional training.	
❒ 31. Determine replication trainer's need for information prior to additional training.	
❒ 32. Schedule time with SpecialCare staff to work on technical assistance needs.	
❒ 33. Request follow-up consultation and technical assistance as needed.	
❒ 34. Request additional materials and resources as needed.	
❒ 35. Evaluate replication process with SpecialCare staff.	

APPENDIX E

Trainer Needs Survey

TRAINER NEEDS SURVEY

Name:_____ Date:_____

Agency:_____ State:_____

To help us provide the information you will need to deliver SpecialCare training, please take time to complete the following survey:

Your title:_____

Length of time in this position:_____

Job responsibilities:_____

_____

Are you currently providing training for child care providers? Yes __ No __

If yes, please describe the training you provide and how often you provide training to caregivers.

_____

_____

Have you had prior experience training child care providers? Yes __ No __

If yes, please describe your experience.

_____

_____

Do you have prior experience working with young children? Yes __ No __

If yes, please describe your experience.

_____

_____

Do you have prior experience working with children with disabilities? Yes __ No __

If yes, please describe your experience.

_____

_____

Please indicate your need for information in each area:

CHILDREN WITH DISABILITIES	I Have Enough	I Would Like More	I Am Not Sure
How children typically develop	_____	_____	_____
The importance of understanding child development when caring for children with disabilities	_____	_____	_____
How to recognize behaviors that may indicate a child is having a problem	_____	_____	_____
Five areas of child development	_____	_____	_____
How development is affected when a child has a disability	_____	_____	_____
General characteristics of children with:			
speech and language impairments	_____	_____	_____
mental retardation	_____	_____	_____
learning disabilities	_____	_____	_____
motor disabilities	_____	_____	_____
hearing impairments	_____	_____	_____
visual impairments	_____	_____	_____
behavioral, social, or emotional disabilities	_____	_____	_____

Other: _____

_____

Please indicate your need for information in each area:

FAMILIES OF CHILDREN WITH DISABILITIES	I Have Enough	I Would Like More	I Am Not Sure
The importance of building relationships with families of children with disabilities	_____	_____	_____
How parents may feel about having a child with a disability	_____	_____	_____
How parents may feel about inclusive child care settings for their children	_____	_____	_____
Ways to build successful relationships with families	_____	_____	_____

Other: _____

_____

Please indicate your need for information in each area:

INCLUDING YOUNG CHILDREN WITH DISABILITIES	I Have Enough	I Would Like More	I Am Not Sure
Ways to make the child care environment accessible to children with disabilities	_____	_____	_____
The importance of successful peer relationships and social interaction	_____	_____	_____
Ways to help children with disabilities and children without disabilities interact socially	_____	_____	_____
How to plan activities so that all children, both with and without disabilities, can participate	_____	_____	_____
How to include children with disabilities in activities	_____	_____	_____
Some strategies to adapt equipment or material for children with disabilities	_____	_____	_____
General suggestions for helping a child who:			
has a speech and language impairment	_____	_____	_____
has a cognitive disability	_____	_____	_____
has a motor disability	_____	_____	_____
has a hearing impairment	_____	_____	_____
has a visual impairment	_____	_____	_____

Other: _____

_____

Please indicate your need for information in each area:

COMMUNITY SERVICES FOR CHILDREN WITH DISABILITIES	I Have Enough	I Would Like More	I Am Not Sure
Early intervention services available for infants and toddlers with disabilities	_____	_____	_____
Early childhood special education services available for preschoolers with disabilities	_____	_____	_____
What is an Individualized Family Service Plan (IFSP)	_____	_____	_____
What is an Individualized Education Program (IEP)	_____	_____	_____
How special services are delivered to children with disabilities	_____	_____	_____
The caregiver's role in service delivery	_____	_____	_____
The variety of specialists that may work with children with disabilities and their roles	_____	_____	_____
How to share information with others who provide services to a child with a disability	_____	_____	_____
Caregiver options when there is a concern or question about a child's development	_____	_____	_____

Other: _____

_____

Please indicate your need for information in each area:

ENSURING A SMOOTH BEGINNING FOR CHILDREN WITH DISABILITIES	I Have Enough	I Would Like More	I Am Not Sure
Strategies to use to ensure a smooth beginning for a child with disabilities into a child care setting	_____	_____	_____
Ideas about how to plan for a child's arrival	_____	_____	_____
Responding to questions and comments about the child with disabilities	_____	_____	_____

Other: _____

_____

APPENDIX F

SpecialCare Planning Guide Cover and Table of Contents

PLANNING GUIDE

for

SpecialCare Training

Compiled by *Louise F. Canfield*
Rochelle G. Pleasant

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APPENDIX G

Evaluation Instrumentation

- Caregiver Comfort Measure
- Caregiver Knowledge Measure
- Training Evaluations

Pre-Training Comfort Measure
SpecialCare Training

Name:_____ Date:_____

Social Security #: _____

This survey is designed to gather information about your experience and level of comfort in caring for children with disabilities. We will use the information to determine if our assistance has been helpful.

I. Please circle the word that best describes you:

home-based caregiver center-based caregiver replication trainer

II. Have you ever cared for a child with a disability? __ yes __ no

---

III. Please circle the number that represents your level of comfort in: *(Complete A-G)*

A. Caring for children with all types of disabilities.

1 2 3 4 5 6
uncomfortable somewhat comfortable very comfortable

B. Talking with families of children with disabilities about their child and their child's strengths and needs.

1 2 3 4 5 6
uncomfortable somewhat comfortable very comfortable

Over ☞

C. Helping children with disabilities have access to all parts of the room as well as to all activities and materials.

1 2 3 4 5 6
uncomfortable somewhat comfortable very comfortable

D. Planning activities that children with disabilities can enjoy.

1 2 3 4 5 6
uncomfortable somewhat comfortable very comfortable

E. Knowing where to find the specific help you may need to care for an individual child with a disability.

1 2 3 4 5 6
uncomfortable somewhat comfortable very comfortable

F. Knowing what to do if there are questions or concerns about a child's development.

1 2 3 4 5 6
uncomfortable somewhat comfortable very comfortable

G. Preparing for a smooth beginning for children with disabilities into your child care setting.

1 2 3 4 5 6
uncomfortable somewhat comfortable very comfortable

Post-Training Comfort Measure
SpecialCare Training

Name:_____ Date:_____

Social Security #:_____

This survey is designed to gather information about your experience and level of comfort in caring for children with disabilities. We will use the information to determine if our assistance has been helpful.

Please circle the number that represents your level of comfort in: (*Complete A-G*)

A. Caring for children with all types of disabilities.

1 2 3 4 5 6
uncomfortable somewhat comfortable very comfortable

B. Talking with families of children with disabilities about their child and their child's strengths and needs.

1 2 3 4 5 6
uncomfortable somewhat comfortable very comfortable

C. Helping children with disabilities have access to all parts of the room as well as to all activities and materials.

1 2 3 4 5 6
uncomfortable somewhat comfortable very comfortable

D. Planning activities that children with disabilities can enjoy.

1 2 3 4 5 6
uncomfortable somewhat comfortable very comfortable

Over ☞

E. Knowing where to find the specific help you may need to care for an individual child with a disability.

1 2 3 4 5 6
uncomfortable somewhat comfortable very comfortable

F. Knowing what to do if there are questions or concerns about a child's development.

1 2 3 4 5 6
uncomfortable somewhat comfortable very comfortable

G. Preparing for a smooth beginning for children with disabilities into your child care setting.

1 2 3 4 5 6
uncomfortable somewhat comfortable very comfortable

Knowledge Measure
SpecialCare Training

DO NOT WRITE ON THIS BOOKLET

DIRECTIONS: *Read each statement. Write the letter of the best choice in the space provided on the answer sheet.*

1. When children with and without disabilities have a chance to learn and play together, children without disabilities usually

   (a) learn skills at the expected rate
   (b) also show delays
   (c) copy the behavior of children with disabilities

2. Rejection of young children with disabilities by other children is

   (a) never going to happen
   (b) common
   (c) rare

3. Successfully including children with disabilities in a child care setting heavily depends on

   (a) the attitude of caregivers
   (b) whether other children have ever seen a child with a disability
   (c) the type of disability the child has

4. In child care settings, caregivers of children with disabilities need to

   (a) understand child development
   (b) have a college degree
   (c) be an expert in special education

5. The term "cognitive development" is used to describe how a child

   (a) relates to others
   (b) thinks and solves problems
   (c) sits and grasps toys

6. If you care for a child who is not able to see well, you might need to

   (a) stand close to the child and speak louder
   (b) tell the child when you move the furniture
   (c) carry her wherever you go

7. When we do not agree with a family's way of living we should

   (a) try to change their way of thinking
   (b) respect each family's right to have their own values and lifestyle
   (c) always report them to social services

8. We should ask parents of children with disabilities to

   (a) do less than other parents
   (b) do more than other parents
   (c) do the same as other parents

9. When including children with disabilities in a child care setting, it is necessary to

   (a) make only slight changes such as rearranging the furniture
   (b) make major changes to the building
   (c) make no changes in the environment

10. In order for children with disabilities and other children to play together, the caregiver

    (a) may need to provide encouragement
    (b) should not interfere
    (c) should be involved in all play activities

11. For children with speech problems, caregivers should

    (a) correct the way the child talks
    (b) use simple, direct speech
    (c) ask the child to repeat mispronounced words correctly

12. Early intervention services are only available for children with disabilities who are

    (a) birth to three years old
    (b) four to five years old
    (c) in public schools

13. If caregivers have questions or concerns about a child's development, they should

    (a) discuss their concern with the child's parents
    (b) immediately call the local special education program
    (c) not do anything because if they are wrong it would only upset the child's parents

14. Children who receive special education services must

(a) get therapy
(b) have an individual plan
(c) go to a school classroom program

15. When planning for the arrival of a child with a disability, caregivers should

(a) treat the child the same as any new child
(b) make sure all the parents of other children know the child is coming
(c) make a "big deal" out of telling the other children so they will be nice to the child

Pre-Training Knowledge Measure
SpecialCare Training

ANSWER SHEET

NAME: _____ DATE: _____

SOCIAL SECURITY #: _____

DIRECTIONS: After reading each statement from the booklet. Write the letter of the best choice in the space provided below. **(Please *DO NOT WRITE IN BOOKLET*)**

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

Please circle the word that best describes you:

home-based caregiver center-based caregiver replication trainer

SpecialCare Training Evaluation

The overall quality of the training was – (circle one)

1 very poor 2 3 4 5 very good

Was the information presented appropriate for your needs?

1 not at all 2 3 4 5 very much

Was there enough opportunity for questions and discussion?

1 not at all 2 3 4 5 very much

Were the training materials helpful?

1 not at all 2 3 4 5 very much

Will the training help you care for children with disabilities?

1 not at all 2 3 4 5 very much

If this training will help you care for children with disabilities, please give an example of how it will help.

_____

_____

PLEASE SHARE ANY ADDITIONAL COMMENTS:

_____

_____

For Office Use Only:
Training Session: _____ _____ & 108 / _____ 11/99

WE VALUE YOUR INPUT

DATE:_____ **LOCATION:** _____

What I liked about the training...

How Did We Do?
The information presented was:
_____Easy to understand
_____Difficult to understand because...

The information presented was:
_____Useful
_____Not useful because...

Suggestions I would like to offer for improving the training...

I think what I'll remember most was...

I gained knowledge about...

My attitudes changed about...

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